NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2017

Open to Public Inspection

1. General Information For Fiscal Year Beginning (mm/dd/yyyy) 03/01/2017 and Ending (mm/dd/yyyy) 02/28/2018 Check if Applicable: Name of Organization: Employer Identification Number (EIN): COMMUNITY ACTION ORGANIZATION OF WESTERN 16-0911473 Address Change Name Change Mailing Address: NY Registration Number: 45 JEWETT AVENUE 02-01-88 Initial Filing Final Filing City / State / ZIP: Telephone: Amended Filina BUFFALO, NY 14214 716 881-5150 Reg ID Pending Website: Email: WWW.CAOEC.ORG Check your organization's Confirm your Registration Category in the EPTL only X DUAL (7A & EPTL) EXEMPT* registration category: __ 7A only Charities Registry at www.CharitiesNYS.com. 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories. We certify under penalties of perjury that we feviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. L. NATHAN HARE President or Authorized Officer: PRESIDENT Print Name and Title DEANNE MONTGOMERY VP FINANCE Chief Financial Officer or Treasurer: Print Name and Title 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a, 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for a checklist of for fund raising activity in NY State? If yes, complete Schedule 4a. schedules and attachments to X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. complete your filing. 5. Fee 7A filing fee: See the checklist on the EPTL filing fee: Total fee: Make a single check or money order next page to calculate your payable to: fee(s). Indicate fee(s) you "Department of Law" 275.

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

25.

250.

are submitting here:

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

COMMUNITY ACTION ORGANIZATION OF WESTERN NEW YORK, INC.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments:

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raiser X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of C disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our reve filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Pub Review Report if you received total revenue and support greater than \$250,0 X Audit Report if you received total revenue and support greater than \$750,00 No Review Report or Audit Report is required because total revenue and sup We are a DUAL filer and checked box 3a, no Review Report or Audit Report	000 and up to \$750,000. 0 pport is less than \$250,000
Calculate Your Fee	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2017

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:

COMMUNITY ACTION ORGANIZATION OF WESTERN NEW YORK, IN 02-01-88

2. Government Grants	
Name of Government Agency	Amount of Grant
1 BUFFALO BOARD OF EDUCATION	1. 939,711.
2 NYS DEPT OF HEALTH THRU U.S. DEPT OF AGRICULTURE	2. 1,397,584.
3 CITY OF BUFFALO URBAN RENEWAL AGENCY THRU U.S. DEPT O	3. 42,756.
4 NYS DEPT OF STATE THRU U.S. DEPT OF HEALTH & HUMAN SE	1,829,436.
5 NYS DEPT OF CRIMINAL JUSTICE SERVICES	5. 39,409.
6 NYS OFFICE OF CHILDREN AND FAMILY SERVICES THRU U.S.	6. 657,104.
7 NYS DEPT OF TRANSPORTATION THRU U.S. DEPT OF TRANSPOR	7. 60.
8. HHS ACF/HEAD START	8. 29,788,985.
9. NYS DEPT OF LABOR	9. 17,955.
10 NYS AFFORDABLE HOUSING CORPORATION	10. 250,000.
11.BUFFALO MAIN STREET HOUSING TRUST	11. 121,052.
12.SAY YES TO EDUCATION INC	12. 18,535.
13.COMPREHENSIVE HEALTH MANAGEMENT	13. 1,000.
14.	14.
15.	15.
Total Government Grants:	Total: 35,103,587.

EXTENDED TO JANUARY 15, 2019

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Publication

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

AF	or the	2017 calendar year, or tax year beginning $$ MAR $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	ting F	EB 28	3, 2018						
Bc	heck if oplicable:	C Name of organization				ation number					
	Address change										
	Name change	Doing business as				911473					
_	return	, , ,	om/suite	E Telep	shone number						
Final											
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross	receipts \$	<u>41,252,057.</u>					
<u>_</u>	Amende return	BUFFALO, NI 14214		H(a) Is t	this a group re	turn					
	Applica-	F Name and address of principal officer:L. NATHAN HARE		for	subordinates'	? Yes X No					
	pending	SAME AS C ABOVE		H(b) Are	all subordinates in	cluded? Yes No					
LT	ax-exer	mpt status: X 501(c)(3)	527	1		list. (see instructions)					
Jν	Vebsite	E ► WWW.CAOEC.ORG		1	oup exemption						
			L Year			State of legal domicile: NY					
		Summary									
	1 B	Briefly describe the organization's mission or most significant activities: TO PROI	MOTE	OPP	ORTUNIT	IES FOR					
& Governance		LOW-INCOME INDIVIDUALS, FAMILIES AND COMMU									
rna		Check this box if the organization discontinued its operations or disposed									
ve		lumber of voting members of the governing body (Part VI, line 1a)			1 1	16					
ŏ		Jumber of independent voting members of the governing body (Part VI, line 1b)				16					
		otal number of individuals employed in calendar year 2017 (Part V, line 2a)				1014					
Activities		otal number of volunteers (estimate if necessary)			·····	29					
Ę	727	otal unrelated business revenue from Part VIII, column (C), line 12		•••••	7a	0.					
Ĭ		Net unrelated business taxable income from Form 990-T, line 34				0.					
		tot diffoliated business taxable filome from 1000 f, file 57			Year	Current Year					
Revenue	8 (Contributions and grants (Part VIII, line 1h)	-		97,311.	35,316,055.					
					17,078.	3,904,087.					
		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			5,246.						
Re				A 1		15,968.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			79,003.	1,949,276.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		44,1	98,638.	41,185,386.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.						
		Benefits paid to or for members (Part IX, column (A), line 4)		21 2	0.	0.					
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		41,3	86,030.	23,065,991.					
ē		Professional fundraising fees (Part IX, column (A), line 11e)		0.868895	0. 	0.					
EX	1	 	_			10 200 201					
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			<u>17,335.</u>	18,300,281.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			03,365.	41,366,272.					
		Revenue less expenses. Subtract line 18 from line 12			95,273.	-180,886.					
Net Assets or Pund Balances			Be		Current Year	End of Year					
Sse	20	Total assets (Part X, line 16)			50,517.	7,682,399.					
et d	21 7	Total liabilities (Part X, line 26)	·····		<u>47,495.</u>	5,162,137.					
		Net assets or fund balances. Subtract line 21 from line 20		2,8	03,022.	2,520,262.					
1		Signature Block				 					
		ties of perjury, I declare that I have examined this return, including accompanying schedules an				y knowledge and belief, it is					
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	n prepare	r has any l	knowledge.	, 					
		Circolana of officer	4-1		<u> </u>	<u>/</u>					
Sig	n	Signature of officer	2 //	<i>a</i> .	Date	LIO.					
Her	e	L. NATHAN HARE, PRESIDENT Type or print name and title	110	UŠ_	118	<i>ll</i> 7					
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN					
Paid MARIA T. SCAROZZA WWW A CONTROL 1919 self-employed P0124											
	parer	Firm's name SZYMKOWIAK & ASSOCIATES CPAS, PC		1	Firm's EIN	16-1600045					
	Only	Firm's address 6325 MAIN STREET, SUITE 100									
		WILLIAMSVILLE, NY 14221			Phone no. 71	6-626-2626					
	u tha 15	RS discuss this return with the preparer shown above? (see instructions)				X Yes No					

WESTERN NEW YORK, INC.

Page 2 Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROMOTE OPPORTUNITIES FOR LOW-INCOME INDIVIDUALS, FAMILIES AND COMMUNITIES TO ACHIEVE AND SUSTAIN SELF-SUFFICIENCY THROUGH ADVOCACY, PARTNERSHIPS, ACCESS TO SERVICES AND LOW-TO-MODERATE INCOME HOUSING DEVELOPMENT. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 0.) 31,211,567. including grants of \$) (Expenses \$) (Revenue \$ CAO HEAD START AND EARLY HEAD START CONTRIBUTES TO THE WELL BEING AND SUCCESS OF 2,323 PRESCHOOLERS AND 182 INFANT, TODDLERS AND 23 PREGNANT MOMS IN 26 LOCATIONS IN ERIE AND NIAGARA COUNTIES. WE OFFER FULL DAY, PART DAY, AND EXTENDED SESSIONS. THE CAO CONTRACTS WITH 2 DELEGATE AGENCIES THAT SERVICE 644 PRESCHOOLERS IN 8 LOCATIONS. OVER 300 OF THE CHILDREN SERVED HAVE DISABILITIES. CAO ALSO PARTNERS WITH EARLY HEAD START CHILDCARE PARTNERSHIPS TO SERVICE 190 PRESCHOOLERS AT 14 LOCATIONS. WE HAVE OVER 31 EDUCATION AGREEMENTS AND OVER 70 COLLABORATIONS AND PARTNERSHIPS. OUR MISSION IS TO PROVIDE EXEMPLARY COMPREHENSIVE EARLY CHILDHOOD SERVICES TO OUR CHILDREN AND FAMILIES IN COOPERATIVE, COLLABORATIVE AND NURTURING ENVIRONMENTS. 3,685,542. including grants of \$ 136,077.) (Revenue \$ COMMUNITY SERVICES BLOCK GRANT-THE CAO IS A COMMUNITY BASED, CITIZEN DRIVEN ORGANIZATION THAT PROVIDES ESSENTIAL HEALTH & HUMAN SERVICES, EDUCATIONAL AND TRAINING PROGRAMS TO LOW-INCOME RESIDENTS ACROSS ERIE COUNTY, NY WITH EXTENSIVE EXPERIENCE IN SITE MANAGEMENT, CRISIS AND EMERGENCY SERVICES, YOUTH AND FAMILY DEVELOPMENT, FOOD PANTRY DISTRIBUTIONS, EMPLOYMENT & TRAINING, REPORTING TO FUNDING SOURCES AND CREATING AND MAINTAINING VITAL PARTNERSHIPS WITHIN THE COMMUNITY. AVERAGE WE SERVE OVER 23,444 INDIVIDUALS AND OVER 23,394 FAMILIES AT OVER 7 SITES ANNUALLY. 2,714,691. including grants of \$ 3,768,010.) (Code:) (Revenue \$ THE CAO/DRUG ABUSE, RESEARCH AND TREATMENT PROGRAM (DART) CURRENTLY SERVES 538 CONSUMERS IN OUR OUTPATIENT OPIATE TREATMENT PROGRAM. CLIENTS ATTEND OUR CLINIC DAILY AT WHICH TIME THEY RECEIVE MEDICATION, METHADONE THAT ASSISTS IN THE DEVELOPMENT AND MAINTENANCE OF THEIR RECOVERY FROM OPIATE DEPENDENCE. CLIENTS ARE ALSO REQUIRED TO ATTEND WEEKLY INDIVIDUAL SESSIONS WITH THEIR ASSIGNED COUNSELOR AS WELL AS GROUP THERAPY WHOSE GOALS ARE TO IDENTIFY THE ANTECEDENTS TO ADDICTION AND DEVELOP AND MONITOR THE EFFECTIVENESS OF THEIR RECOVERY PLANS. DURING THIS PERIOD THE DART PROGRAM CONDUCTED 162,957 DISPENSING AND 14,463 CLINICAL EPISODES OF CARE. APPROX. 78% OF OUR CLIENTS HAVE SUCESSFULLY ESTABLISHED AND MAINTAINED ABSTINENCE FROM DRUG AND ALCOHOL USE AND REPORTED IMPROVEMENT IN OTHER PSYCHOSOCIAL ASPECTS OF CARE. Other program services (Describe in Schedule O.) 948,931. including grants of \$ 38,900.)) (Revenue \$

38,560,731.

Total program service expenses

Form 990 (2017) WESTERN NEW YORK, INC.

Part V Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			•
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3.7
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1	٠
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			••
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		. •	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	35. F		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complète Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	· · · · ·		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			·
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u></u>	X
		Forr	990	(2017)

Form 990 (2017) WESTERN NEW YORK, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		•	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı'
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		'	
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		٠,	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٦,
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		v
00	·	27	FAR	X edition
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	17,44.5	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		1
Ü	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ŀ	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		† <u> </u>	· -
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a		35a	X	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1.	1	
	If "Yes," complete Schedule R, Part V, line 2	36	↓	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	

	Check if Schedule O contains a response or note to any line in this Part V			. 					
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	87	5.70	1.86				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming	接到					
	(gambling) winnings to prize winners?								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				* &				
	filed for the calendar year ending with or within the year covered by this return	2a	1014	3	* X*				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			∵.`````````````````````				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authoi	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a	1	X			
b	If "Yes," enter the name of the foreign country:			325					
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).		3.7				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a_		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	- 1				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a	Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts	}					
	were not tax deductible?		***************************************	6b	X				
7	Organizations that may receive deductible contributions under section 170(c).				arado de				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			}			
	to file Form 8282?	······		7c	7. 2. 10.2	X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f	· .	X			
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	79		-			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	·	160.17.4			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne .	25	44-15				
	sponsoring organization have excess business holdings at any time during the year?			8	1 h. 1 miles	25 (1982) \$2.5			
9	Sponsoring organizations maintaining donor advised funds.			3.40		(200			
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		ļ			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	- 2.25 4 8	Asset Au			
10	Section 501(c)(7) organizations. Enter:	1	1			50.5			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				1500 C			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	.1		* 8	8 47			
11	Section 501(c)(12) organizations. Enter:	۱.,	1						
a	Gross income from members or shareholders	11a		-		j			
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<u>[11b</u>]				1			
12a		1		12a	(A.40)	38450			
b	•	12b	<u></u>		11 X	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-	10-gr 17	1.2546			
а				13a	36.374	Sec.			
5 _	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				(13			
р	organization is licensed to issue qualified health plans	124	.T			1.5.			
_		13b			7.3				
14a	Did the experientian receive any payments for indeed tenning continue during the tay year			14a	D. C. S. S.	X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14a	\vdash	 ^			
~					n 99 0	(2017			

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Part M Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u>[X]</u>
Sec	tion A. Governing Body and Management	·				
			٠		Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	25		
	If there are material differences in voting rights among members of the governing body, or if the governing			4.1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ľ			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		107	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			istre to	±
	officer, director, trustee, or key employee?	•		2	•	X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, or trustees, or key employees to a management company or other person?	•		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
, u	more members of the governing body?	• •		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
D	persons other than the governing body?	•		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			\$1.75°		
_		•			X	["55 ' 43".
a				8a 8b	X	
o o	Lach committee with authority to act on benaif of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			OD		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X .
Soc				9		
360	tion B. Policies (This Section B requests information about policies not required by the Internal I	Hevenue Code.)			V	
40	Did the consciention have level shooten because of efficiency		. ` 1	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		•••••	10a		<u> </u>
a	If "Yes," did the organization have written policies and procedures governing the activities of such	•	ľ	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	
11a		ay before filing the f	orm?	11a	X	J. 4.3(8)
b						
12a				12a	X	
b		********		12b	X	
C		-				
	in Schedule O how this was done			12c	X	├ ─
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	1-75.57 03
15	Did the process for determining compensation of the following persons include a review and appro					1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			0 373	1	
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	1211
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				8	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			冷凝 管	
•	taxable entity during the year?		•••••	16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation		2 2 6		L.VII.
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's				
	exempt status with respect to such arrangements?			16b	<u> </u>	<u> </u>
Se	ction C. Disclosure		·			
17	List the states with which a copy of this Form 990 is required to be filed ►NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	•	1			
		in in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest po	olicy, and	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's l	books and records:				
	DEANNE MONTGOMERY - 716-881-5150					
	AS TEMPERE AVENUE DIPERTO NV 1/21/					

WESTERN NEW YORK, INC.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line	ne in this Part VII
· · · · · · · · · · · · · · · · · · ·	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax-year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0				. (D)	(E)	(F)
Name and Title	Average	/da		Pos	ition	than o		Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson i	is botl	n an	compensation	compensation	amount of
•	week		er an	dad I	irecto	r/trus	tee)	from	. from related	other
•	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		93	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	jonal		log d	t com				and related
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	огте	·		organizations
(1) JOHN C. DAVIS	2.00	=	=	-	<u>×</u>	I = 6	ш.			
SGT. AT ARMS	2.00	х		X				0.	0.	0.
(2) MICHAEL JOHNSON	4.00									
VICE-PRESIDENT		x		X				0.	0.	0.
(3) NICOLE C. DRYE	4.00									
SECRETARY		X		X				0.	0.	0.
(4) JENNIFER SHANK	4.00									
TREASURER		X		Х		ļ		0.	0.	0.
(5) SENNIE REED	4.00							,		
DIRECTOR		X						0.	0.	0.
(6) HOWARD PATTON III	2.00			١		1	}			
DIRECTOR		X	L	ļ	<u> </u>	<u> </u>		0.	0:	0.
(7) JOHN INGRAM	2.00]			i					
DIRECTOR	ļ <u>.</u>	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	0.	0.	0.
(8) DORIS CUMMINGS-FORD	2.00						•	_	_	
DIRECTOR		X	<u> </u>	┞-	<u> </u>	ļ	_	0.	0.	Q.
(9) JENINE DUNN	2.00	ļ <u></u>						_	_	_
PRESIDENT	ļ	X	┞_	X	<u> </u>	_	<u> </u>	0.	0.	0.
(10) MAGGIE F. HANNAH	2.00	1							· ·	
DIRECTOR	ļ	X	ــــ	ļ	_			0.	0.	0.
(11) VERNEE SHAW-WILKINS	2.00	1								
DIRECTOR		X	<u> </u>	_	-	 	 	0.	0.	0.
(12) ADDIE JACKSON	2.00								j	
AT-LARGE MEMBER	\ ·	X	-	-	1	╄	_	0.	0.	0.
(13) MICHAEL SOBASZEK	2.00	-						,		
DIRECTOR		X	<u> </u> -		—	-	<u> </u>	0.	0.	0.
(14) MELISSA BROWN	2.00	┨		1	1	1	1			_
AT-LARGE MEMBER		X	╄-	-	-	-	1	0,	0.	0.
(15) NICHOLAS IRION	2.00	┨				1.				
DIRECTOR	0.00	X	+-	+-	-	-	1	0.	0.	0.
(16) JULIAN PATTERSON	2.00	┤				.				
DIRECTOR	40 00	X	+-	+-	+-	+-	\vdash	0.	0.	0.
(17) L. NATHAN HARE	40.00	4				,,		100 001		
PRESIDENT/CEO	<u> </u>	<u> </u>	<u> </u>	1	Ц_	X	Ŀ	123,091.	0.	0.

WESTERN NEW YORK, INC.

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)			_
(A) Name and title	(B) Average hours per week	(do box	not ci	(C Posi heck i ss pe	ition more rson i		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	- 1	(F) Estimated amount of other	-
	(list any hours for related organizations	Individual trustee or director	l trustee		99	npensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	.	compensation from the organization and related	
	below line)	Individual (Institutional trustee	Officer	Key employee	Highest compensated employee	. Former				organizations	
·												_
							<u>.</u>					_
		_								İ	<u></u>	
· · · · · · · · · · · · · · · · · · ·			<u>.</u>								· · · · · · · · · · · · · · · · · · ·	
							_			_		_
				_			_					
· · · · · · · · · · · · · · · · · · ·		_			_	<u> </u> 			-			
· · · · · · · · · · · · · · · · · · ·		-				<u> </u>						_
dh Cub Astol	<u> </u>	<u> </u>	<u>L</u>		<u> </u>	<u> </u>		123,091.		0.		<u> </u>
1b Sub-total c Total from continuation sheets to Part V								123,091.		0.) <u>.</u>
d Total (add lines 1b and 1c)								123,091.		0.) .
2 Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	е		
compensation from the organization											Yes No	1
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for				-		-		highest compensated e			3 X	
4 For any individual listed on line 1a, is the s										···]		8
and related organizations greater than \$15											4 X	<u>.</u>
5 Did any person listed on line 1a receive or								_	•			
rendered to the organization? If "Yes," con Section B. Independent Contractors	прівте эспеаи	ie J	ior s	ucn	per	son					5 X	<u> </u>
Complete this table for your five highest c the organization. Report compensation for										pensa	ation from	
(A) Name and busines								. (B) Description of		C	(C) ompensation	
J. WALKER ENTERPRISES, 8 DRIVE, MISSOURI CITY, TX		MΡ	SO	N :	LA	KE		CONTRACTOR			463,950).
EPEC, 8243 THOMPSON LAKE CITY, TX 77459	DRIVE,	M	IS	so	UR	I		CONTRACTOR			123,225	5.
					•		•					
										- <u>5727</u>	i∰ Tip weedd med	·'r.'.
2 Total number of independent contractors \$100,000 of compensation from the organ	-	not i	ımıte	ed to	o the	ose I 2	ıste	a above) who received i	more than			

Form 990 (2017) WESTERN NEW YORK, INC.
Part VIII Statement of Revenue

		Check if Schedule O conta		eranda vike	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
اوتا	b	Membership dues	1b					
9,6	С	Fundraising events	1c					
불	d		1 1			[A		
S,C	е	Government grants (contribution		35,103,587.				
[일	f	All other contributions, gifts, grant						
탏		similar amounts not included abov		212,468.				
	g							
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			35 316 055			
				Business Code	Property and the second section of the section of th			
e l	2 a	MEDICAID		900099	3 691 471.	3,691,471.		
Program Service Revenue	b		-	900099	136,077.	136,077.		
Set	ċ			900099	76,539,	76,539,		
E S	d		-		10,232.	, , , , , , ,		
P. C.	۵				1			
<u>r</u>]	f	All other program service reve	nue					
		Total. Add lines 2a-2f			3,904,087,	橡胶像等形形 装		
	3	Investment income (including						
		other similar amounts)			15,968.		[15,968.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal			MERCHANTED TO	# 3 \$100
	6 a	a Gross rents		1-3/				
		Less: rental expenses		T				
		c Rental income or (loss)		•				
		d Net rental income or (loss)			38,900.	38.900	!	
	1 -	a Gross amount from sales of	(i) Securities	(ii) Other	(\$3xx 3xx 5x)	Same of the Same o	KAT KONTONININI ZOTEN.	THE MARKS IN THE NEW ALTERS
		assets other than inventory		1.7.				
	b	b Less: cost or other basis						
	-	and sales expenses	1.					
	۰	c Gain or (loss)						
	l .	d Net gain or (loss)		>				
•	8 a						RESERVED IN	· [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
Other Revenue		including \$	of .		2	A. W. H. D. L. (1988) L. H. C. (1988)		Marine Control of the Marine
eve		contributions reported on line	1c). See					
ŭ		Part IV, line 18	•	58,389				
the	l t	b Less: direct expenses		66,671	一点作为 20分钟 20分钟。			
0		c Net income or (loss) from fund		>	-8 282			-8,282.
	ı	a Gross income from gaming ac	_		THE WEST OF THE	1.7	· ·	3
		Part IV, line 19		a				
	1	b Less: direct expenses		b			1:	
	1	c Net income or (loss) from gan						
	1	a Gross sales of inventory, less						
		and allowances		a				
		b Less: cost of goods sold		ь				
	1	c Net income or (loss) from sale					1	
		Miscellaneous Revenu			le À			15 × 15 × 15 × 15 × 15 × 15 × 15 × 15 ×
	11 :	a PENSION RELATED CHANGE		900099	1,918,658	1		
	1	b						
	,	с						
		d All other revenue						
		e Total. Add lines 11a-11d			1,918,658	. Attitive and the com-	FILE MADE STREET	传统的对象
	12	Total revenue. See instructions			41 185 386	5 861 645	n	7 686

Form 990 (2017) WESTERN NEW YORK, INC.
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				i in i
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			The state of the s	**************************************
2	Grants and other assistance to domestic		•		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				一般在公司的
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			· 1000000000000000000000000000000000000	** **********************************
5	Compensation of current officers, directors,	·			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	16,724,265.	<u> 15,472,410.</u>	1,251,855.	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,436,665.	4,081,626.		
10	Payroll taxes	1,905,061.	1,752,656.	152,405.	
11	Fees for services (non-employees):				
а	Management	F0F 404	420 005	164 505	
b	Legal	597,424.	432,897.		
c	Accounting	75,190.	7,500.	67,690	
đ	Lobbying		TANK SATER STATE OF STATE OF		
_	Professional fundraising services. See Part IV, line 17		2610年20日本1111 · 1011		<u> </u>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	153,852.	144,548.	9,304	
12		133,032.	144,040	9,304	· · · · · · · · · · · · · · · · · · ·
13	Office expenses				· · · · · · · · · · · · · · · · · · ·
14 15	Royalties		· _ ·		
16	Occupancy	2,676,253.	2,565,608.	110,645	
17	Travel	117,136.			
18	Payments of travel or entertainment expenses	11//1500	2007500	3,223	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	84,846.	84,846	•	
23	Insurance	340,234.	279,977	. 60,257	•
24	Other expenses. Itemize expenses not covered			建设设施设施	
	above. (List miscellaneous expenses in line 24e. If line . 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT DELEGATE AGENC	5,840,795.	5,840,795	. 0	•
b	FOOD SUPPLY EXPENSE	1,414,037.			
С		1,290,615.	1,288,456		
d	SUPPLIES	1,199,501.			
е	All other expenses SEE SCH O	4,510,398.			
25	Total functional expenses. Add lines 1 through 24e	41,366,272.	38,560,731	2,805,541	. 0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>		<u> </u>

Form 990 (2017)

WESTERN NEW YORK, INC.

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 3,126,098 1,864,331. 1 Cash - non-interest-bearing 262,485. 2 Savings and temporary cash investments 2 545,519. 3 Pledges and grants receivable, net 5,249,530. 3,661,982. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 236,137 9 10a Land, buildings, and equipment: cost or other 1.661.025. basis. Complete Part VI of Schedule D ______ 10a 692,323. 1,000,224. 968,702. Less: accumulated depreciation _______10b 10c Investments - publicly traded securities 11 11 776,043. 396,766. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 7,682,399. 10,650,517. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,589,271. 1,534,662. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 3,627,475. <u>5,258,224</u> 25 Schedule D 7,847,495 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and ψ. complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 819,078 1,920,583. 27 Unrestricted net assets 27 983,944 599,679. 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,803,022. 33 2,520,262. Total net assets or fund balances 10,650,517. 7,682,399. Total liabilities and net assets/fund balances

16-0911473 Page 12 Form 990 (2017) WESTERN NEW YORK, INC. Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 41,185,386. Total revenue (must equal Part VIII, column (A); line 12) 41,366,272. Total expenses (must equal Part IX, column (A), line 25) -180,886. Revenue less expenses. Subtract line 2 from line 1 3 2,803,022. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (Á)) Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 Investment expenses Prior period adjustments 8 -101.874.Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 2,520,262. column (B)) Part XII Financial Statements and Reporting \mathbf{x} Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: ____ Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За Х

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

COMMUNITY ACTION ORGANIZATION OF

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

WESTERN NEW YORK, INC. 16-0911473 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) . 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness. requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii).EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 WESTERN NEW YORK, INC. 16-0911473 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	 				• • • • • • • • • • • • • • • • • • • •	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27431453.	29698832.	32729380.	42314359.	39084065.	171258089
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				,		
3	The value of services or facilities						
	furnished by a governmental unit to	,			·		•
	the organization without charge				·		•
4	Total. Add lines 1 through 3	27431453.	29698832.	32729380.	42314359.	39084065.	171258089
5	The portion of total contributions					A SHARWAY	
	by each person (other than a				等50平的6至937		
	governmental unit or publicly			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	- 10 mm -	·				
6	Public support. Subtract line 5 from line 4.	连进游馆			garantiga di		171258089
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►		(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	27431453.	29698832.	32729380.	42314359.	39084065.	<u>171258089</u>
8	Gross income from interest,						
	dividends, payments received on					j]
	securities loans, rents, royalties,					1.	
٠	and income from similar sources	110,278.	85,384.	43,801.	37,986.	15,968.	293,417.
9	Net income from unrelated business		, ,				·
	activities, whether or not the						
	business is regularly carried on				,		
10	Other income. Do not include gain					 	
	or loss from the sale of capital	,					
	assets (Explain in Part VI.)	33,233	152,078.	-37,019	446,263.	30,618.	
11	Total support. Add lines 7 through 10					44.6	172176679
. 12		•				12	
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	• —
	organization, check this box and sto	p here		··········	······		▶└
	ction C. Computation of Pub				·	T	00 47 **
	Public support percentage for 2017	•	•			14	99.47 %
	Public support percentage from 201					15	99.24 %
16	a 33 1/3% support test - 2017. If the						
	stop here. The organization qualifies						
	b 33 1/3% support test - 2016. If the	·					
	and stop here. The organization qua						
17	a 10% -facts-and-circumstances te						
	and if the organization meets the "fa			· ·			
	meets the "facts-and-circumstances						
	b 10% -facts-and-circumstances te						
	more, and if the organization meets				•		
	organization meets the "facts-and-c		-		•		
<u>18</u>	Private foundation. If the organizat	ion ala not check	a box on line 13, 1	oa, 100, 1/a, 011			
					ocr	ieuule A (FORM 99	0 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 WESTERN NEW YORK, INC.

Part III. Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and				-		
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,		, ,				
merchandise sold or services per-			•		·	
formed, or facilities furnished in any activity that is related to the		i :				
organization's tax-exempt purpose				•		
3 Gross receipts from activities that						
are not an unrelated trade or bus-			,			
iness under section 513						,
4 Tax revenues levied for the organ-						
ization's benefit and either paid to			·			
or expended on its behalf						
5 The value of services or facilities		,				
furnished by a governmental unit to		ļ			}	
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			,	,		
b Amounts included on lines 2 and 3 received					,	
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			,			
c Add lines 7a and 7b					·	
8 Public support. (Subtract line 7c from line 6.)	1 4 1 M 4 1 1 1		HERRY TEACH		HOW SE	
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6		,				
10a Gross income from interest, dividends, payments received on						
dividends, payments received on		1	i	ł	1	
securities loans, rents, royalties,						·
and income from similar sources		,				
and income from similar sources b Unrelated business taxable income						
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses		·				
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		·				
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b						
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business						
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines e, 10c, 11, and 12.)						
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for	or the organization			•		
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for	or the organization	······		•		
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the check this box and stop here Section C. Computation of Pub	or the organization	ercentage	······			<u>▶□</u>
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2017	r the organization lic Support Pe	ercentage divided by line 13,	column (f))		15	▶ □
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2017 16 Public support percentage from 201	or the organization lic Support Pe (line 8, column (f) 6 Schedule A, Par	ercentage divided by line 13, t III, line 15	column (f))			<u>▶□</u>
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage from 201 Section D. Computation of Inve	lic Support Po (line 8, column (f) 6 Schedule A, Par estment Incon	ercentage divided by line 13, t III, line 15	column (f))		15 16	% %
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2017 16 Public support percentage from 201 Section D. Computation of Inve	lic Support Po (line 8, column (f) 6 Schedule A, Parestment Incon 017 (line 10c, colu	ercentage divided by line 13, t III, line 15 ne Percentage umn (f) divided by l	column (f))		15 16	▶ □
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2017 16 Public support percentage from 201 Section D. Computation of Inve 17 Investment income percentage from 2	lic Support Po (line 8, column (f) 6 Schedule A, Parestment Incom 017 (line 10c, colu 2016 Schedule A	ercentage divided by line 13, t III, line 15 ne Percentage umn (f) divided by l' , Part III, line 17	column (f))		15 16 17 18	% %
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2017 16 Public support percentage from 201 Section D. Computation of Inve 17 Investment income percentage from 19a 33 1/3% support tests - 2017. If the	lic Support Pe (line 8, column (f) 6 Schedule A, Parestment Incon 017 (line 10c, colu 2016 Schedule A e organization did	ercentage divided by line 13, t III, line 15 ne Percentage umn (f) divided by li n, Part III, line 17 not check the box	column (f)) ine 13, column (f) on line 14, and line	ne 15 is more than	15 16 17 18 33 1/3%, and line	% % % 17 is not
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2017 16 Public support percentage from 201 Section D. Computation of Inve 17 Investment income percentage from 19a 33 1/3% support tests - 2017. If the more than 33 1/3%, check this box a	lic Support Pe (line 8, column (f) 6 Schedule A, Parestment Incon 017 (line 10c, colu 2016 Schedule A e organization did and stop here. Th	ercentage divided by line 13, t III, line 15 ne Percentage umn (f) divided by li n, Part III, line 17 not check the box ne organization qua	column (f)) ine 13, column (f)) on line 14, and lir	ne 15 is more than	15 16 17 18 33 1/3%, and line zation	% % % 17 is not
and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for check this box and stop here Section C. Computation of Pub 15 Public support percentage for 2017 16 Public support percentage from 201 Section D. Computation of Inve 17 Investment income percentage from 19a 33 1/3% support tests - 2017. If the	lic Support Pe (line 8, column (f) 6 Schedule A, Parestment Incon 017 (line 10c, colu 2016 Schedule A e organization did and stop here. The e organization did	ercentage divided by line 13, t III, line 15 ne Percentage umn (f) divided by l n, Part III, line 17 not check the box ne organization qua not check a box o	column (f)) ine 13, column (f)) on line 14, and lir ilifies as a publicly n line 14 or line 15	ne 15 is more than supported organi a, and line 16 is m	15 16 17 18 33 1/3%, and line zation	% % 17 is not and

Schedule A (Form 990 or 990-EZ) 2017 WESTERN NEW YORK, INC.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Schedule A (Form 990 or 990-EZ) 2017 WESTERN NEW YORK, INC. 16-0911473 Page 5 Part IV Supporting Organizations (continued) Vec Nο Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). C Activities Test. Answer (a) and (b) below. Yes 2 No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990 or 990-EZ) 2017 WESTERN NEW YORK, INC.		<u>.</u> 1	6-0911473 Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in P	art VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	,	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
				(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	14 15 14 6 14 15 14 16	4.5	**************************************
•	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		-
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	:45		MARKETON STATE
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	100 A B A 100 A 10	Exception and the organization of the state
3	Subtract line 2 from line 1d	. 3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1.		
7	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
-	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	《大学》,《大学》,《大学》	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		2012/13/8/8/8/9/9/2/S	
•	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		rated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 WESTERN NEW YORK, INC. 16-0911473 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 9 Line 8 amount divided by line 9 amount (i) (ii) · (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 A CASSAGAS CAME LANGUA Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. 84.X 3 Excess distributions carryover, if any, to 2017 a waste in the second of the s k: '4.?**b** From 2013 1. The state of th c From 2014 d From 2015 e From 2016 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount **公本报题**外 i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j \$1000条。"我是完全的 Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 1 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 WESTERN NEW YORK, INC. 16-0911473 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) OTHER INCOME PART II, LINE 10 DESCRIPTION: SPECIAL EVENTS 2012 \$80,064 \$33,233 2013 2014 \$48,840 2015 -\$32,215\$23,648 2016 -\$8<u>,282</u> 2017 DESCRIPTION: OTHER 2012 \$127,095 2013 \$0 2014 \$103,238 2015 -\$4804 2016 \$422,615 2017 \$38,900

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

COMMUNITY ACTION ORGANIZATION OF

Inspection

Employer identification number 16-0911473

	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can I	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a h	storically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space	•	•
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements	······	2a
b	• •		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation eas		<u>-</u>
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conse	rvation easements during the year
_	\\$		
8	Does each conservation easement reported on line 2(d) abov	· ·	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		·
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describ	es the organization's accounting for
Da	conservation easements. Tilli Organizations Maintaining Collections of	f Art Historical Treasures or	Other Similar Assets
(.EGCA	Complete if the organization answered "Yes" on Form		Other Ohmar Assets.
	If the organization elected, as permitted under SFAS 116 (AS	- 	tomant and balance about works of art
та	·		•
	historical treasures, or other similar assets held for public ext the text of the footnote to its financial statements that descri		erance or public service, provide, in Fart Am
٠.		•	ant and halance about works of art. histories
b		•	· · · · · · · · · · · · · · · · · · ·
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of	public service, provide the following amount
٠	relating to these items:		· • •
	(i) Revenue included on Form 990, Part VIII, line 1		L A
_	• •	nourse or other similar appets for fine	
2	If the organization received or held works of art, historical tre		iciai gairi, provide
	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	. •
a	Revenue included on Form 990, Part VIII, line 1		

		NEW YORK,							<u> 114/3</u>		<u>-</u>
	Organizations Maintaining C										_
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	are a sigr	nificant ı	use of its o	collection	items	
	(check all that apply):										
а	Public exhibition	d	ــــــا	oan or excl	hange progran	ns ·					
b	Scholarly research	е		Other					······································		_
c	Preservation for future generations			•				•			
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organization	ı's exem	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, his	torical trea	sures, or other	similar a	ssets		,		
	to be sold to raise funds rather than to be m	aintained as part of t	he organ	ization's co	ollection?		· •••••••		Yes	☐ No	_
Par	tilV Escrow and Custodial Arran	gements. Comple	te if the	organizatio	n answered "Y	es" on F	orm 990), Part IV,	line 9, or		_
	reported an amount on Form 990, Pa			J							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for c	ontribution	s or other ass	ets not in	cluded				_
	on Form 990, Part X?								Yes	☐ No	,
	If "Yes," explain the arrangement in Part XIII				······································		•				
-									Amount		-
С	Beginning balance						1c				-
	Additions during the year						1d		<u> </u>		-
	Distributions during the year										-
							1f				-
. f - ∩-	Ending balance										-
	Did the organization include an amount on F								」Yes	⊢ No	J
	If "Yes," explain the arrangement in Part XIII The Endowment Funds. Complete							<u></u>		<u> </u>	-
rai	Lidowillett Fullus. Complete.										
		(a) Current year	(b) Pi	rior year	(c) Two years	Dack (c) Inree	years back	(e) Four	years back	<u>.</u>
	Beginning of year balance			·							_
b	Contributions								<u> </u>		_
C	Net investment earnings, gains, and losses				ļ						_
d	Grants or scholarships										_
е	Other expenditures for facilities		,			į					
	and programs										
f	Administrative expenses										
g	End of year balance			,		ı		-			_
2	Provide the estimated percentage of the cui	rent vear end balanc	e (line 1	a. column (a	a)) held as:	•					_
а	Board designated or quasi-endowment	•	%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		٠.					
	Permanent endowment	%									
	Temporarily restricted endowment	. %	•								
·	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the poss		ation tha	t are bold a	nd administer	ed for th	organi	zation			
. Ja	by:	ession of the organiz	ation tha	n ale lielu c	ina, aan iinister	çu ioi tii	organi	Zation	. [Yes No	_
	_			·						163 140	-
	(i) unrelated organizations										_
											_
b	If "Yes" on line 3a(ii), are the related organiz				·		• • • • • • • • • • • • • • • • • • • •		<u>3</u> b	i	—
4	Describe in Part XIII the intended uses of the		owment	tunds.							_
r di	tivis Land, Buildings, and Equip				0	n-44.					
	Complete if the organization answere				·						
	Description of property	(a) Cost or o			t or other		cumulat		(d) Bool	k value	•
		basis (investi	ment)		(other)		reciation				
	Land				6,700.					<u>6,700</u>	
	Buildings				45,710.		43,3			2,408	
С	Leasehold improvements				98,077.		34,8			<u>3,256</u>	
d	Equipment		_	5 (50,538.	3	14,2	200.	24	<u>6,338</u>	•
	Other										
	I. Add lines 1a through 1e. (Column (d) must		t X. colur	nn (B) line	10c.)			•	96	8,702	_

WESTERN NEW YORK, INC

Schedule D (Form 990) 2017 WESTERN NEW	YURK, INC.		T0-	-U9114/3 Page 3
Part VIII Investments - Other Securities.				
Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	lluation: Cost or end	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests	147,918.	COST		
(3) Other		<u> </u>		
(A) RESTRICTED INVESTMENTS	248,848.	END-OF-Y	EAR MARKET	VALUE
(B)			·	·
(C) .				
(D)				
(E)				
(F)				
(G)			· · · · · · · · · · · · · · · · · · ·	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	396,766.		HWIST STATE	*31940 (17.5 y 1.8)
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, line			
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	-of-year market value
(1)				
(2)				
(3)				· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			经验证的	
Part X Other Assets.				
Complete if the organization answered "Yes" of		11d. See Form 990,	Part X, line 15.	· · · · · · · · · · · · · · · · · · ·
(a) C	Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
		<u></u>		·
(2)				
(3)		·····		
(4)				
(5)				
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)	**-**			
(9)	·	 		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	<u></u>	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Forr	n 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) EXCESS OF BENEFIT OBLIGAT:	ION OVER			
(3) PESION PLAN ASSETS		1,505,730.		নিয়ানিক্সিক একা বিশ্বকাৰী কান্তৰ্গতালৈ আহিনাকৈ বিশ্বকাৰী বিশ্বকাৰ
(4) LONG-TERM DEBT		970,000.		
(5) DEVELOPER FEE PAYABLE		900,001.		
(6) DEFERRED REVENUE		251,744.		
(7)				
(8)]	
(0)			1872	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

3,627,475.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

COMMUNITY ACTION ORGANIZATION OF 16-0911473 Page 4 WESTERN NEW YORK, INC. Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Î. Net unrealized gains (losses) on investments Donated services and use of facilities d Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities ________2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART_X, LINE 2: FIN 48 FOOTNOTE GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY OR ASSET IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS,

HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROCESS.

Schedule D (Form 900)	2017	COMMUNIT	TY ACTION NEW YORK	ORGANIZATION TNC	OF	16-0911473 Page 5
Schedule D (Form 990) Part XIII Supple:	mental Infor	mation (continu	ued)	, 1110.		10 0711413 Page 5
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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule G (Form 990 or 990-EZ) 2017

	TY ACTION ORGANIZA NEW YORK, INC.	TIO:	И О	F	Employer ide 16-0911	ntification number
	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I		
 Indicate whether the organization raise a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or key employees listed in Form 990, Pab If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the 	ed funds through any of the following Solicitate for Solicitate for Solicitate for Solicitate for Solicitate for Solicitate for Special structure for solicitate for solicitate for Special for solicitate for solicitat	ion of ion of fundra (includ	non-govern ising of ling of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		• •	
		,				
	·			-	-	
			_			
		<u></u>				
			. ▶			
List all states in which the organization or licensing.	n is registered or licensed to solicit	contril	oution	s or has been notifie	d it is exempt from r	registration
		•				
					······································	······································
	· · · · · · · · · · · · · · · · · · ·					
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990 EZ) 2017 WESTERN NEW YORK, INC. 16-0911473 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NUTURE EDUCATION (add col. (a) through SUMMER CAMP TASK SCHOLAR col. (c)) (total number) (event type) (event type) 34,312. 11,775. 12,302 58,389. 1 Gross receipts 2 Less: Contributions 34,312 11,775. 12.302 58,389 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Rent/facility costs Food and beverages 8 Entertainment 39,179. 13,445. 14,047 66,671 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 66,671 -8,28211 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form 990 or 990 EZ) 2017 WESTERN NEW YORK, INC. 16-0	<u> 1911</u>	<u> 173</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\\Y	'es	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		'es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
 a	The organization's facility	132		%
и ь	An outside facility	104		/ 0
	An outside facility	[130]		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name	<u>·</u>		
	Address >			<u> </u>
		<u>:</u>	2	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	\	es (L No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
C				
	Name &			
	Name -			
				•
	Address -			
			. <i>.</i>	
16	Gaming manager information:			
	Name			
•				
	Gaming manager compensation > \$			
	Description of services provided >	•		
				
				<u>-</u> -
	Director/officer Employee Independent contractor			
	Director/officer Employee midependent contractor			
4-	Manadahan Bakaba Kana			
	Mandatory distributions:			
а	s the organization required under state law to make charitable distributions from the gaming proceeds to	<u></u>		
	retain the state gaming license?	⊔	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9,	9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			· ·
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COMMUNITY ACTION ORGANIZATION OF Schedule G (Form 990 or 990 EZ) WESTERN NEW YORK, INC. Part: IV Supplemental Information (continued) 16-0911473 Page 4

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2017

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.Go to www.irs.gov/Form990 for the latest information.

COMMUNITY ACTION ORGANIZATION OF WESTERN NEW YORK, INC.

Employer identification number 16-0911473

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) determining ibution amou	nts
1	Art - Works of art					· · · · · · · · · · · · · · · · · · ·	
	Art - Historical treasures		. •		· -		•
	Art - Fractional interests	·					
4	Books and publications						•
	Clothing and household goods		F. 4557.20				
6	Cars and other vehicles						<u></u>
7	Boats and planes						
8	Intellectual property	· · · · · · · · · · · · · · · · · · ·					
9'	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or	· · · · · · · · · · · · · · · · · · ·					
• •	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -	<u> </u>					
10	Historic structures		,		,	•	
14	Qualified conservation contribution - Other				-		
15	Real estate - Residential						
16	Real estate - Commercial		<u> </u>				
			 				
17	Real estate - Other	I .	 			<u>·</u>	
18	Collectibles	1	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
19	Food inventory	1					
20 -	Drugs and medical supplies		 				
21	Taxidermy		 				
22	Historical artifacts	1					
23	Scientific specimens		 		 		
24	Archeological artifacts	·X	 	73.266.	PURCHASE	חחדכים	
25	Other (SUPPLIES)		1	13,200	FUNCTIASE	PRICE	 .
26	Other ()		· ·		 		
27	Other ()	<u> </u>					
28	Other ()	1			<u> </u>		
29	Number of Forms 8283 received by the organ			1 1			
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	igement 29			-,.
					- L 00 4L - 4 2	Υε • • • • • • • • • • • • • • • • • • •	s No
30a	During the year, did the organization receive I						
	must hold for at least three years from the da		•	· ·			æoj.
	exempt purposes for the entire holding period	1?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance					31	<u>X</u> _
32a	•		=		•		
	contributions?					32a	<u> </u>
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	ecked,		
	describe in Part II.		·				

is reporting	mental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete any additional information.	Page 2 on ete
· · · · · · · · · · · · · · · · · · ·	PART I, COLUMN (B):	
NUMEROUS CON	NTRIBUTIONS WERE MADE THROUGH OUT THE YEAR. EACH	٠.
CONTRIBUTION	N INCLUDED A NUMBER OF SUPPLIES. AN EXACT COUNT IS	
<u>UNAVAILABLE,</u>	, HOWEVER THE VALUE OF THE RECEIVED SUPPLIES IS \$73,266.	<u> </u>
		•
		,

732142 09-07-17

Schedule M (Form 990) 2017

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

COMMUNITY ACTION ORGANIZATION OF WESTERN NEW YORK

Employer identification number 16-0911473

- 1120 2 2121 2121 2 2 2 2 2 2 2 2 2 2 2
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUSTAIN SELF-SUFFICIENCY THROUGH ADVOCACY, PARTNERSHIPS, ACCESS TO
SERVICES AND LOW-TO-MODERATE INCOME HOUSING DEVELOPMENT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CAO OPERATES A LOW-INOCME RENTAL APARTMENT COMPLEX LOCATED IN BUFFALO,
NY.
EXPENSES \$ 948,931. INCLUDING GRANTS OF \$ 0. REVENUE \$ 38,900.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 WAS E-MAILED TO ALL MEMBERS OF THE BOARD OF DIRECTORS
BEFORE THE RETURN WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEETING IS BEGUN WITH THE QUESTION, "DOES ANY BOARD MEMBER HAVE
A NEW CONFLICT OF INTEREST THAT NEEDS TO BE DISCLOSED?" ANY RESPONSES ARE
DOCUMENTED IN THE BOARD MEETING MINUTES.
FORM 990, PART VI, SECTION B, LINE 15:
A WAGE COMPARABILITY SURVEY IS CONDUCTED EVERY THREE YEARS. THE LOCAL
BUSINESS NEWSPAPER ALSO PREPARES AN ANNUAL NOT FOR PROFIT EDITION THAT CAN
BE USED FOR COMPARISON.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Employer identification number 16-0911473
ES:
889,935.
293,996.
0.
1,183,931.
774,459.
32,427.
0.
806,886.
·
589,149.
35,365.
0.
624,514.
369,503.
150,642.
0.
520,145
270,113

Name of the organization COMMUNITY ACTION ORGANIZATION OF WESTERN NEW YORK, INC.	Employer identification number 16-0911473
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	270,113.
TRAINING/WORKSHOPS/BOOKS:	
PROGRAM SERVICE EXPENSES	211,978
MANAGEMENT AND GENERAL EXPENSES	3,135
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	215,113
TUITION / COLLEGE COURSES:	
PROGRAM SERVICE EXPENSES	146,739
MANAGEMENT AND GENERAL EXPENSES	-4,522
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	142,217
EQUIPMENT RENTAL:	
PROGRAM SERVICE EXPENSES	131,449
MANAGEMENT AND GENERAL EXPENSES	8,466
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	139,915
	•
JANITOR/LAUNDRY/CLEANING:	
PROGRAM SERVICE EXPENSES	132,847
MANAGEMENT AND GENERAL EXPENSES	4,665
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	137,512

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization COMMUNITY ACTION ORGANIZATION OF WESTERN NEW YORK, INC.	Page 2 Employer identification number 16-0911473
BUS TRANSPORTATION:	·
PROGRAM SERVICE EXPENSES	66,538.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	66,538.
FIELD TRIPS:	
PROGRAM SERVICE EXPENSES	66,312.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	66,312.
METHADONE - MEDICAL:	
PROGRAM SERVICE EXPENSES	60,800.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	60,800.
PHYSICAL EXAMS:	
PROGRAM SERVICE EXPENSES	44,013.
MANAGEMENT AND GENERAL EXPENSES	191.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	44,204.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	31,345.
MANAGEMENT AND GENERAL EXPENSES	5,329.
FUNDRAISING EXPENSES	0.
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization COMMUNITY ACTION ORGANIZATION OF WESTERN NEW YORK, INC.	Employer identification number 16-0911473
TOTAL EXPENSES	36,674.
/EHICLE EXPENSE:	
PROGRAM SERVICE EXPENSES	25,086.
MANAGEMENT AND GENERAL EXPENSES	9,945.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,031.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	34,425
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	34,425
POSTAGE/SHIPPING:	
PROGRAM SERVICE EXPENSES	10,287
MANAGEMENT AND GENERAL EXPENSES	14,406
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	24,693
	•
PRINTING:	
PROGRAM SERVICE EXPENSES	15,358
MANAGEMENT AND GENERAL EXPENSES	3,498
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	18,856
	· ·
BANK FEES:	
PROGRAM SERVICE EXPENSES	18,726
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990 EZ) (2017) Name of the organization COMMUNITY ACTION ORGANIZATION OF WESTERN NEW YORK, INC.	Page 2 Employer identification number 16-0911473
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,726.
CLIENT ASSISTANCE:	
PROGRAM SERVICE EXPENSES	17,441.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,441.
FIRST AID/MEDICAL CLAIM/MEDICAL SUPPLIES:	
PROGRAM SERVICE EXPENSES	11,044.
MANAGEMENT AND GENERAL EXPENSES	1,491.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,535.
BOARD EXPENSE:	
PROGRAM SERVICE EXPENSES	10,269.
MANAGEMENT AND GENERAL EXPENSES	1,650.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,919.
PARENT ACTIVITIES:	
PROGRAM SERVICE EXPENSES	9,331.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,331.

AUDITORS AND REVIEWS ALL DOCUMENTS BEFORE THEY ARE BROUGHT TO THE FULL

BOARD.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY ACTION ORGANIZATION OF WESTERN NEW YORK, INC.

Employer identification number 16-0911473

(a)	(b)	· (c)	(d)	(e).			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	Total inco	ome End-of-year	assets	Direct controlling entity		
						,	· · · · · · · · · · · · · · · · · · ·	
								•
· · · · · · · · · · · · · · · · · · ·	_					•		
Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN of related organization	zations. Complete if the organization a (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct c	elated tax-exe (f) controlling ntity	Section 5	rolled tity?
organizations during the tax year. (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direct c	(f) controlling	Section 5	rolled
organizations during the tax year. (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direct c	(f) controlling	Section 5	rolled tity?
organizations during the tax year. (a) Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direct c	(f) controlling	Section 5	rolled tity?

age 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	 ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Imanaging	(k) Percentage ownership
ST, MARTIN VILLAGE, L.P 27-1192045, 45 JEWETT AVENUE	DEVELOPING LOW-INCOME RENTAL HOUSING PROPERTY IN	NY	ST. MARTIN VILLAGE HOUSING	RELATED	-60.	104,674.	X	Ŋ/A	X	,01%

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont ent	(i) ction (b)(13) crolled tity?
KEEP BUFFALO NEAT INC 27-3574921 45 JEWETT AVENUE BUFFALO NY 14214	INACTIVE	NY	N/A	C CORP	0	0	100%		x
ST. MARTIN VILLAGE HOUSING DEVELOPMENT FUND COMPANY INC 27-1191945 45 JEWETT AVENUE BUFFALO, NY 14214	DEVELOPING LOW-INCOME RENTAL HOUSING PROPERTY IN BUFFALO		COMMUNITY ACTION ORGANIZATION	C CORP	-60.	104,674,	100%		X
						<u> </u>	·		

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 WESTERN NEW YORK, INC.

Pa	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990,), Part IV, line 34, 35b), or 36.				
No	lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	•			Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•	1a		Х	
	b Gift, grant, or capital contribution to related organization(s)			1b		X	
c	c Gift, grant, or capital contribution from related organization(s)				1.	X	
· d	d Loans or loan guarantees to or for related organization(s)			1d		Х	
е	e Loans or loan guarantees by related organization(s)			1e		Х	
				41,000	4477 4477	YOU THE	
f	f Dividends from related organization(s)			1f] /	X	
q	g Sale of assets to related organization(s)		·	1g		X	
h	h Purchase of assets from related organization(s)			1h		X	
i.	i Exchange of assets with related organization(s)			1i		Х	
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х	
				100 TE	Ter del	**	
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		X	
. 1	Performance of services or membership or fundraising solicitations for related organization(s)			11		X	
n	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		X	
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	·	X.	
0	o Sharing of paid employees with related organization(s)	· · · · · · · · · · · · · · · · · · ·		10		X	
р	p Reimbursement paid to related organization(s) for expenses			1p		X	
q	q Reimbursement paid by related organization(s) for expenses		,	<u>1q</u>		X	
				a range			
r	r Other transfer of cash or property to related organization(s)			1r		X	
s	s Other transfer of cash or property from related organization(s)			1s	L	X_	
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered	relationships and transaction thresholds.	·			
	(a) Name of related organization (b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	rölved			
<u>(1)</u>			<u> </u>				
<u>(2)</u>	,		<u> </u>	· 			
(3)			· .		<u>.</u>		
<u>(4)</u>					·		
(5)						· .	
(6)							

Page 4

Durelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

(k) Sercenta	al or	(j) Genera	181	(i) U-V ₋ 9	роე	-10q	ordšia Y)	(g) Share of	S 		(f) Share	395	(9) S 91A S 91 (c) (3) 102 S 910	(a)		(၁)		(d) s ynsmin9	a related organization. See ing (a) e, address, and EIN	
ercenta derenwo	NO Bjud	enneq 1 seY	22) K-1 0x S0	d ni t Jubar Ot m	nuome 152 to 107)	OUS	Sellocati Mona	d-of-year assets	uə	ı	stot nooni		(3)102 (2)10 (1) 29 Y		related) excluded t section	(state or foreign country)	,		yfitne fo	
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COMMUNITY ACTION ORGANIZATION OF

WESTERN NEW YORK, INC. 16-0911473 Page 5 Schedule R (Form 990) 2017 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP: NAME OF RELATED ORGANIZATION: ST. MARTIN VILLAGE, L.P. PRIMARY ACTIVITY: DEVELOPING LOW-INCOME RENTAL HOUSING PROPERTY IN BUFFALO, NY. DIRECT CONTROLLING ENTITY: ST. MARTIN VILLAGE HOUSING DEVELOPMENT FUND COMPANY PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST: NAME OF RELATED ORGANIZATION: ST. MARTIN VILLAGE HOUSING DEVELOPMENT FUND COMPANY, INC. PRIMARY ACTIVITY: DEVELOPING LOW-INCOME RENTAL HOUSING PROPERTY IN BUFFALO, NY. DIRECT CONTROLLING ENTITY: COMMUNITY ACTION ORGANIZATION OF ERIE COUNTY. INC.

732165 09-11-17

Schedule R (Form 990) 2017

Form 8868

(Rev? lanuary 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Form 8868 (Rev. 1-2017)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or COMMUNITY ACTION ORGANIZATION OF print WESTERN NEW YORK, INC. 16-0911473 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 45 JEWETT AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BUFFALO, NY 14214 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) Form 8870 DEANNE MONTGOMERY The books are in the care of ➤ 45 JEWETT AVENUE BUFFALO, NY 14214 Fax No. ► 716-881-2927 Telephone No. ► 716-881-5150 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until JANUARY 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year _ X tax year beginning MAR 1, 2017 FEB 28, , and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

Information about Form 8868 and its instructions is at www.lrs.gov/form8868

OMB No. 1545-1709

Form 8868 (Rev. 1-2017)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or COMMUNITY ACTION ORGANIZATION OF print WESTERN NEW YORK, INC. 16-0911473 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 45 JEWETT AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BUFFALO, NY 14214 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 **Application** Return Application Return is For Code Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 1041-A 80 Form 990-BL Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 5227 Form 990-PF 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 DEANNE MONTGOMERY • The books are in the care of ▶ 45 JEWETT AVENUE - BUFFALO, NY 14214 Telephone No. ► 716-881-5150 Fax No. ▶ 716-881-2927 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all members the extension is for. JANUARY 15, 2019, to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: __ calendar year ► X tax year beginning MAR 1, 2017 , and ending FEB 28, 2018 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 0. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Consolidated Financial Statements and Supplementary Information

February 28, 2018

Community Action Organization of Western New York, Inc. and Subsidiaries Financial Statements Table of Contents

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Independent Auditor's Report

To the Board of Directors Community Action Organization of Western New York, Inc. and Subsidiaries Buffalo, New York

We have audited the accompanying consolidated financial statements of Community Action Organization of Western New York, Inc. (a nonprofit organization) ("CAO") and Subsidiaries (collectively, the "Organization"), which comprise the consolidated statement of financial position as of February 28, 2018, and the related consolidated statements of activities and other changes in unrestricted net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

6325 Main Street

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement. The financial statements of CAO's subsidiaries were not audited in accordance with Government Auditing Standards.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

Auditor's Responsibility (continued)

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of February 28, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidated schedule of functional expenses is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is presented for purposes of additional analysis and is also not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated November 30, 2018 on our consideration of CAO's internal control over financial reporting and on our tests of CAO's compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of CAO's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering CAO's internal control over financial reporting and compliance.

Symbolic & Association

Williamsville, New York November 30, 2018

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

To the Board of Directors
Community Action Organization
of Western New York, Inc. and Subsidiaries
Buffalo, New York

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States, the consolidated financial statements of Community Action Organization of Western New York, Inc. (a nonprofit organization) ("CAO") and Subsidiaries (collectively, the "Organization"), which comprise the consolidated statement of financial position as of February 28, 2018, and the related consolidated statements of activities and other changes in unrestricted net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements and have issued our report thereon dated November 30, 2018. The financial statements of CAO's subsidiaries, St. Martin Village Housing Development Fund Company, Inc., and St. Martin Village, L.P., were not audited in accordance with Government Auditing Standards.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered CAO's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of CAO's internal control. Accordingly, we do not express an opinion on the effectiveness of CAO's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether CAO's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of consolidated financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of CAO's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering CAO's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Symphocial & Associates CPAs

Williamsville, New York November 30, 2018

Independent Auditor's Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance

To the Board of Directors Community Action Organization of Western New York, Inc. Buffalo, New York

Report on Compliance for Each Major Federal Program

We have audited Community Action Organization of Western New York, Inc.'s (a nonprofit organization) ("CAO") compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on each of CAO's major federal programs for the year ended February 28, 2018. CAO's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of CAO's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about CAO's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of CAO's compliance.

Opinion on Each Major Federal Program

In our opinion, CAO complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended February 28, 2018.

Report on Internal Control Over Compliance

Management of CAO is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered CAO's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of CAO's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A significant deficiency in internal control over compliance is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Saponemile & Associates CPAS

Williamsville, New York November 30, 2018

Consolidated Statement of Financial Position February 28, 2018

Assets

Current Assets			
Cash and cash equivalents		\$ 2,399,09	93
Restricted cash and investments		545,51	19
Receivables			
Grants	•	2,132,17	72
Other		537,14	
Other current assets		301,2′	73
Total current assets		5,915,1	98
Property and Equipment, net		13,183,1	30
Restricted Investments		248,8	48
Other Non-Current Assets		19,8	03_
Total assets		\$ 19,366,9	79

Consolidated Statement of Financial Position (continued)

February 28, 2018

Liabilities and Net Assets

Current Liabilities	
Accounts payable	
Trade	\$ 864,278
Delegate agencies	138,440
Current maturities of long-term debt	16,320
Accrued expenses and other liabilities	1,066,951
Total current liabilities	2,085,989
Developer Fee Payable	1,206,373
Deferred Revenue	76,744
Long-Term Debt	6,643,638
Pension Liability	1,505,730
Total liabilities	11,518,474
Commitments and contingencies (note 14)	
Communication and contingencies (note 1 1)	
Net Assets	•
Unrestricted:	
Community Action Organization of Western New York, Inc.	2,654,946
Noncontrolling interest	5,171,463
Temporarily restricted	22,096
Permanently restricted	· · · · · · · · · · · · · · · · · · ·
Total net assets	7,848,505
Total liabilities and net assets	\$ 19,366,979

Consolidated Statement of Activities and Other Changes in Unrestricted Net Assets for the year ended February 28, 2018

Support and Revenues \$ 35,103,587 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		τ	Unrestricted		emporarily Restricted		manently estricted		Total
Contributions	Support and Revenues	_							
Contributions	Grants from governmental and other agencies	\$	35,103,587	6	- \$		-	\$	35,103,587
Donated goods and services	-				22,096	•			
Medicaid 3,691,471 3,691,471 Client fees 76,539 76,539 Rental income 507,674 507,674 Interest income 16,265 16,265 Special events 58,389 58,389 Program and other income 202,935 - 202,935 Total support and revenues 48,501,981 22,096 48,524,077 Net Assets Released from Restrictions 599,679 (599,679) - - Expenses - 40,786,573 40,786,573 40,786,573 40,786,573 5436,683 <td< td=""><td>Donated goods and services</td><td></td><td></td><td></td><td>· · · · · · · ·</td><td></td><td>-</td><td></td><td>8,728,015</td></td<>	Donated goods and services				· · · · · · · ·		-		8,728,015
Client fees				•	_				3,691,471
Interest income 16,265 16,265 59,389 58,389 58,389 58,389 70 70 70 70 70 70 70 7	•		76,539				·		76,539
Special events 58,389 58,389 Program and other income 202,935 - 202,935 Total support and revenues 48,501,981 22,096 48,524,077 Net Assets Released from Restrictions 599,679 (599,679) - - Expenses - <t< td=""><td>Rental income</td><td>•</td><td></td><td></td><td>-</td><td></td><td>· -</td><td></td><td>507,674</td></t<>	Rental income	•			-		· -		507,674
Program and other income 202,935 202,935 Total support and revenues 48,501,981 22,096 48,524,077 Net Assets Released from Restrictions 599,679 (599,679) - Expenses - - - Program services - - 40,786,573 - 40,786,573 Community services 5,436,683 - 5,436,683 - 5,436,683 Drug abuse research / treatment 2,950,537 - 2,950,537 - 2,950,537 - 2,020,898 Total program services 51,194,691 - - 51,194,691 Decrease in net assets (2,093,031) (577,583) (2,670,614) Pension-related changes other than net periodic pension cost 1,918,658 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) (751,956) Net Assets, beginning of year 8,000,782 599,679 8,600,461	Interest income		16,265		-		<u>-</u>	,	16,265
Total support and revenues 48,501,981 22,096 - 48,524,077 Net Assets Released from Restrictions 599,679 (599,679)	Special events		58,389		·· -		-		58,389
Program services Preschool and child care 40,786,573 40,786,573 40,786,573 5,436,683 5,436,683 5,436,683 2,950,537 2,950,537 2,950,537 2,020,898 2,020,898 2,020,898 51,194,691 51,19	Program and other income	٠ _	202,935	٠				_	202,935
Expenses Program services 40,786,573 - 40,786,573 Preschool and child care 5,436,683 - 5,436,683 Community services 5,436,683 - 2,950,537 Drug abuse research / treatment 2,950,537 - 2,950,537 Housing 2,020,898 - 2,020,898 Total program services 51,194,691 - 51,194,691 Decrease in net assets (2,093,031) (577,583) - (2,670,614) Pension-related changes other than net periodic pension cost 1,918,658 - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461	Total support and revenues	. -	48,501,981		22,096		-	-	48,524,077
Program services 40,786,573 40,786,573 Preschool and child care 40,786,573 40,786,573 Community services 5,436,683 5,436,683 Drug abuse research / treatment 2,950,537 2,950,537 Housing 2,020,898 - Total program services 51,194,691 - 51,194,691 Decrease in net assets (2,093,031) (577,583) (2,670,614) Pension-related changes other than net periodic pension cost 1,918,658 - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 8,600,461	Net Assets Released from Restrictions		599,679		(599,679)		-		
Preschool and child care 40,786,573 - 40,786,573 Community services 5,436,683 - 5,436,683 Drug abuse research / treatment 2,950,537 - 2,950,537 Housing 2,020,898 - 2,020,898 Total program services 51,194,691 - 51,194,691 Decrease in net assets (2,093,031) (577,583) - (2,670,614) Pension-related changes other than net periodic pension cost 1,918,658 - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461	Expenses	٠.			,				
Preschool and child care 40,786,573 - 40,786,573 Community services 5,436,683 - 5,436,683 Drug abuse research / treatment 2,950,537 - 2,950,537 Housing 2,020,898 - 2,020,898 Total program services 51,194,691 - 51,194,691 Decrease in net assets (2,093,031) (577,583) - (2,670,614) Pension-related changes other than net periodic pension cost 1,918,658 - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461									
Community services 5,436,683 - 5,436,683 Drug abuse research / treatment 2,950,537 - 2,950,537 Housing 2,020,898 - - 2,020,898 Total program services 51,194,691 - - 51,194,691 Decrease in net assets (2,093,031) (577,583) - (2,670,614) Pension-related changes other than net periodic pension cost 1,918,658 - - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461	Program services								
Drug abuse research / treatment 2,950,537 - 2,950,537 Housing 2,020,898 - 2,020,898 Total program services 51,194,691 - 51,194,691 Decrease in net assets (2,093,031) (577,583) (2,670,614) Pension-related changes other than net periodic pension cost 1,918,658 - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461	Preschool and child care		40,786,573		~ .		· -		40,786,573
Housing 2,020,898 - 2,020,898 Total program services 51,194,691 - 51,194,691 Decrease in net assets (2,093,031) (577,583) (2,670,614) Pension-related changes other than net periodic pension cost 1,918,658 - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461	Community services		5,436,683		-		`-		5,436,683
Total program services 51,194,691 - 51,194,691 Decrease in net assets (2,093,031) (577,583) (2,670,614) Pension-related changes other than net periodic pension cost 1,918,658 - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) (577,583) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461	Drug abuse research / treatment		2,950,537		· -		-		2,950,537
Decrease in net assets (2,093,031) (577,583) (2,670,614) **Pension-related changes other than net periodic pension cost 1,918,658 - 1,918,658 **Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) - (751,956) **Net Assets, beginning of year 8,000,782 599,679 - 8,600,461	Housing	<u> </u>	2,020,898		<u> </u>		<u> </u>		2,020,898
Pension-related changes other than net periodic pension cost 1,918,658 - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461	Total program services	-	51,194,691	_				,	51,194,691
periodic pension cost 1,918,658 - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461	Decrease in net assets		(2,093,031)		(577,583)		•		(2,670,614)
periodic pension cost 1,918,658 - 1,918,658 Decrease in net assets and other changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461	Pension-related changes other than net			•					• .
changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461			1,918,658	_	<u>.</u>		· <u>-</u>	_	1,918,658
changes in unrestricted net assets (174,373) (577,583) - (751,956) Net Assets, beginning of year 8,000,782 599,679 - 8,600,461		•		_			,		
			(174,373)		(577,583)	:	· · · · · · · · · · · · · · · · · · ·		(751,956)
Net Assets, end of year \$ 7,826,409 \$ 22,096 \$ - \$ 7,848,505	Net Assets, beginning of year		8,000,782	_	599,679	_		<u>,</u>	8,600,461
	Net Assets, end of year	\$	7,826,409	\$ _	22,096	\$	-	\$	7,848,505

Consolidated Statement of Cash Flows for the year ended February 28, 2018

Cash flows from operating activities			
Decrease in net assets	•	. \$	(2,670,614)
Adjustments to reconcile change in net assets to net	•		•
cash used in operating activities			
Depreciation and amortization	• •		673,227
Loss on restricted investments			5,233
(Increase) decrease due to changes in:	•		
Receivables - grants	•	÷	1,536,088
Receivables - other			(40,261)
Other current assets	•	•	(9,163)
Increase (decrease) due to changes in:		•	
Accounts payable - trade			(1,074,499)
Accounts payable - delegate agencies			(136,251)
Accrued expenses and other liabilities			350,067
Deferred revenue	• •		(3,640)
Pension liability			116,549
Net cash used in operating activities			(1,253,264)
Cash flows from investing activities			•
Proceeds from sale of restricted cash and investi	ments		101,735
Purchases of restricted cash and investments			(10,725)
Purchases of property and equipment			(52,709)
Net cash provided by investing activities			38,301
Cash flows from financing activities	,		
Repayments on borrowings of long-term debt			(15,379)
Net cash used in financing activities		× .	(15,379)
Net decrease in cash and cash equivalent	S		(1,230,342)
Cash and cash equivalents, beginning of year			3,629,435
Cash and cash equivalents, end of year			\$2,399,093
Supplemental Disclosures of Cash Flow Information			
Cash paid during the year for interest	·		\$ 52,263
Can bare gering me lour for mercer		•	

Notes to Consolidated Financial Statements February 28, 2018

1. Nature of Activities and Summary of Significant Accounting Policies

Nature of Activities and Principles of Consolidation – The accompanying financial statements include the Community Action Organization of Western New York, Inc. (a nonprofit organization) ("CAO"), and its wholly-owned subsidiary, St. Martin Village Housing Development Fund Company, Inc. ("SMVHDFC") (collectively, the "Organization"). All significant intercompany balances and transactions have been eliminated in consolidation.

CAO, located in Buffalo, New York, was formed in 1965 to fight the causes of poverty in Western New York. CAO's programs include: Preschool and Child Care, Community Services, Drug Abuse Research and Treatment, and Housing. Prior to March 2017, the name of the corporation was Community Action Organization of Erie County, Inc.

SMVHDFC was formed in 2010 for the purpose of developing low-income rental housing property in Buffalo, New York. SMVHDFC is the general partner in St. Martin Village, L.P. ("SMV"), a limited partnership formed in 2010 as the operating entity for the low-income housing property. The limited partner in SMV is Key Community Development Corporation ("KCDC"). The income or loss of SMV, including low-income housing tax credits expected to be realized from the project, are allocated 0.01% to the general partner, SMVHDFC, and 99.99% to the limited partner, KCDC.

Fiscal Year – The fiscal year of CAO ends on the last day in February. SMVHDFC and SMV operate on a calendar year. All references herein to 2018 refer to the fiscal year ended February 28, 2018.

Basis of Accounting – The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis of Presentation — In accordance with Accounting Standards Codification ("ASC") 958, Not-for-Profit Entities, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted, and permanently restricted. The Organization had no permanently restricted net assets in 2018.

Cash and Cash Equivalents – The Organization considers all liquid investments with original maturities of three months or less to be cash equivalents.

1. Nature of Activities and Summary of Significant Accounting Policies (continued)

Receivables – Receivables are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to receivables. The allowance for doubtful accounts as of February 28, 2018 amounted to \$0.

Restricted Investments – Restricted investments consist of FDIC insured bank deposits payable on demand and certificates of deposit with original maturity dates greater than one year that are held on behalf of others. As of February 28, 2018, restricted investments have been categorized as held-to-maturity and, as a result, are stated at amortized cost, which approximates fair value. Gross realized and unrealized gains and losses in 2018 were not significant.

The cost and amortized cost of certificates of deposit as of February 28, 2018, by contractual maturity, are shown below. Expected maturities may differ from contractual maturities because holders may have the right to call or prepay obligations with or without prepayment penalties.

•	Cost	Amortized Cost
Due in less than 1 year	\$ <u>374,000</u>	\$ <u>374,044</u>
Due in 1 to 5 years	\$ <u>249,000</u>	\$ <u>248,848</u>

Fair Value of Financial Instruments – The carrying amounts of financial instruments including cash and cash equivalents, receivables, restricted cash and investments, payables and borrowings approximated fair value as of February 28, 2018.

Property and Equipment, net – Property and equipment purchased with unrestricted funds is recorded at cost, net of accumulated depreciation.

Depreciation is computed using the straight-line method over the approximate economic useful lives of the assets as follows:

Vehicles	5 years
Building and improvements	5 to 39 years
Leasehold improvements	Shorter of useful life or lease term
Furniture and equipment	3 to 20 years

1. Nature of Activities and Summary of Significant Accounting Policies (continued)

Property and Equipment, net (continued) – The costs of maintenance and repairs are charged to expense as incurred; major renewals and improvements are capitalized.

The Organization regularly assesses its long-lived assets for impairment when events or changes in circumstances indicate that the carrying value of such long-lived assets may not be recoverable. No impairment loss was recognized in 2018.

CAO periodically purchases property and equipment with funds obtained from grant awards. Such purchases are recognized in the schedule of expenditures of federal awards in the period the expenditure is made. Purchases of property and equipment are recognized as assets in the consolidated financial statements provided that the value of the asset and its estimated useful life meet CAO's capitalization policy. Purchases of property and equipment reflected in the accompanying schedule of expenditures of federal awards that were capitalized in the accompanying consolidated financial statements amounted to \$52,709 in 2018.

Property and equipment purchased with grant awards, where the funding source maintains a reversionary interest, is recorded to property and equipment when purchased. Disposition of such property and equipment, as well as ownership of any sale proceeds thereof, is subject to funding source regulations. Contingency reserves are recorded on such property and equipment when it is probable that CAO will not be permitted by the funding agency to keep and use the assets over their useful lives.

Net Assets – The consolidated financial statements report net assets in three classes that are based upon the existence or absence of restrictions on use that are placed by its donors. Unrestricted net assets are resources available to support operations. The only limits on the use of unrestricted net assets are the broad limits resulting from the nature of the Organization, the environment in which it operates and the purpose specified in its corporate documents and its application for tax-exempt status.

Temporarily restricted net assets are resources that are restricted by a donor for use for a particular purpose or in a particular future period. The Organization's unspent contributions are classified as temporarily restricted if the donor limited their use. When a donor's restriction is satisfied, either by using the resources in the manner specified by the donor or by the passage of time, the expiration of the restriction is reported in the consolidated financial statements by reclassifying the net assets from temporarily restricted to unrestricted net assets.

1. Nature of Activities and Summary of Significant Accounting Policies (continued)

Net Assets (continued) – Permanently restricted net assets are resources whose use by the Organization is limited by donor-imposed restrictions that neither expire by being used in accordance with a donor's restriction nor by the passage of time.

Revenue Recognition — Contributions are recognized when received. Unconditional promises to give are recognized when the promise is received.' All contributions are reported as increases in unrestricted net assets unless use of the contributed assets is specifically restricted by the donor. Amounts received that are restricted by the donor to use in future periods or for specific purposes are reported as increases in either temporarily restricted or permanently restricted net assets, consistent with the nature of the restriction.

Restricted support and revenue whose restrictions are met in the same reporting period as the support is received are recorded as unrestricted in the accompanying consolidated statement of activities and other changes in unrestricted assets. Unconditional promises with payments due in future years have an implied restriction to be used in the year the payment is due, and therefore are reported as temporarily restricted until the payment is due unless the contribution is clearly intended to support activities of the current year.

Medicaid income is recognized when the administrative support and outreach services are provided.

Rents related to SMV are regulated by New York State Division of Housing and Community Renewal, and are recognized as rents become due. Rental payments received in advance are deferred until earned.

Donated Goods and Services – CAO periodically receives contributions in a form other than cash or investments. If CAO receives a contribution of land, buildings, or equipment, the contributed asset is recognized as an asset at its estimated fair value on the date of gift, provided that the value of the asset and its estimated useful life meets CAO's capitalization policy. Donated use of facilities is reported as revenue and as expenses at the estimated fair value of similar space for rent under similar conditions. Donated supplies are recorded as revenue on the date of gift and as expenses when the donated items are placed into service or distributed.

Notes to Consolidated Financial Statements (continued) February 28, 2018

1. Nature of Activities and Summary of Significant Accounting Policies (continued)

Donated Goods and Services (continued) — CAO benefits from personal services provided by a substantial number of volunteers. Those volunteers have donated significant amounts of time and services in CAO's program operations. However, a portion of the contributed services do not meet the criteria for recognition in financial statements. GAAP allows recognition of contributed services only if (a) the services create or enhance nonfinancial assets or (b) the services would have been purchased if not provided by contribution, require specialized skills, and are provided by individuals possessing those skills. The estimated fair value of time donated by classroom volunteers was recognized for purposes of satisfying minimum matching contributions required by certain grants obtained from the U.S. Department of Health and Human Services. Such amounts do not meet the criteria for recognition and are not included in donated goods and services in the accompanying consolidated financial statements.

Functional Allocation of Expenses – The costs of providing the Organization's various programs and activities have been summarized on a functional basis in the consolidated statement of activities and other changes in unrestricted net assets. Accordingly, certain costs have been allocated among the program services benefited.

Vacation Pay – Vacation pay is recognized as expense when it is paid. Accrued vacation pay earned but not used by the end of the Organization's fiscal year is forfeited by employees.

Advertising Costs – The Organization expenses advertising costs as incurred. Advertising costs in 2018 amounted to \$153,852.

Income Taxes – CAO is a not-for-profit organization that is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, and is not considered a private foundation. Accordingly, the accompanying consolidated financial statements do not include a provision or liability for income taxes.

SMVHDFC is a housing development fund company, and accordingly is exempt from state income taxes. The accompanying consolidated financial statements do not include a provision or liability for federal income taxes as the impact was insignificant in 2018.

SMV is treated as a partnership for federal and state income tax purposes. As a result, earnings and losses of SMV are included in the income tax returns of its partners, SMVHDFC and KCDC, and taxed accordingly. Accordingly, the accompanying consolidated financial statements do not include a provision or liability for income taxes.

Notes to Consolidated Financial Statements (continued) February 28, 2018

1. Nature of Activities and Summary of Significant Accounting Policies (continued)

Income Taxes (continued) – GAAP requires management to evaluate tax positions taken by the Organization and recognize a tax liability or asset if the Organization has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Organization is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

Management Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Under the terms of various grants, periodic audits are required and certain costs may be questioned as not being appropriate expenditures under the terms of the grants. Such questioned costs could lead to reimbursement to the grantor agencies. Management believes that it would be able to provide support acceptable to the grantor and that any disallowances would not be material.

Subsequent Events – The Organization has evaluated subsequent events through November 30, 2018, the date the financial statements were available to be issued and has identified no subsequent events for recognition or disclosure.

2. Head Start Delegate Agency

CAO contracted with Holy Cross Head Start, Inc. ("Holy Cross") (the "Delegate") to operate a Head Start program. CAO requisitions the U.S. Department of Health and Human Services to fund the Delegate's Head Start program, and reimburses the Delegate for allowable expenditures. Total support provided to Holy Cross in 2018 amounted to \$4,244,082. Balances due to Holy Cross amounted to \$138,440 as of February 28, 2018.

3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Notes to Consolidated Financial Statements (continued) February 28, 2018

3. Fair Value Measurements (continued)

The three levels of the fair value hierarchy under the standard are described as follows:

- Level I Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that CAO can access at the measurement date.
- Level 2 Inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly such as:
 - Quoted prices for similar assets or liabilities in active markets
 - Quoted prices for identical or similar assets or liabilities in inactive markets
 - Inputs other than quoted prices that are observable for the asset or liability
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs that are unobservable for the asset or liability.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of February 28, 2018.

CAO's investments are stated at fair value, based on the following methodologies.

Certificates of Deposit - Valued at amortized cost, which approximates fair value.

Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

The following table sets forth by level, within the fair value hierarchy, CAO's assets at fair value as of February 28, 2018.

		Level 1		Level 2	Ĺ	evel 3	Total
Cash and cash equivalents Certificates of deposit	\$	171,475	\$	622,892	\$	- \$	171,475
Investments at fair value	\$_	171,475	·	622,892	\$	\$	794,367

Notes to Consolidated Financial Statements (continued) February 28, 2018

3. Fair Value Measurements (continued)

Transfers between Levels

In 2018, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

4. Grants Receivable

Grants receivable as of February 28, 2018 consist of the following:

NYS Department of Health - CACFP	\$	396,881
U.S. Department of Health and Human Services		491,788
NYS Department of State - CSBG		274,567
NYS Department of Education - 21st Century		461,226
NYS Department of Education - UPK		419,078
Other		88,632
	\$.	2,132,172

5. Property and Equipment

Property and equipment as of February 28, 2018 consists of the following:

Land		\$ 104,700
Vehicles		200,415
Buildings and improvements		16,712,613
Leasehold improvements		369,179
Furniture and equipment		408,293
		17,795,200
Less accumulated depreciation		(4,612,070)
	:	
·		\$ 13,183,130

The carrying amount of SMV's building and improvements as of February 28, 2018 amounted to \$12,166,428. Depreciation expense in 2018 amounted to \$672,410.

Notes to Consolidated Financial Statements (continued) February 28, 2018

5. Property and Equipment (continued)

Property and equipment includes assets purchased with grant awards as of February 28, 2018 consisting of the following:

U.S. Department of Health and Human Services
Other programs

1,384,847

\$__1,586,032

6. Line of Credit

CAO entered into a \$500,000 line of credit agreement with a financial institution during 2013, bearing interest at a variable rate indexed to the one-month LIBOR rate plus 3%, and secured by substantially all of the non-realty assets of CAO. The line of credit is payable on demand and renewable at the election of the lender. There was no outstanding balance on the line of credit as of February 28, 2018.

7. Long-Term Debt

The composition of long-term debt as of February 28, 2018 is as follows:

Community Preservation Corporation

SMV was provided a mortgage in the amount of \$1,000,000 payable to the Community Preservation Corporation in monthly installments of \$5,637, including interest at 5.95% with a maturity date of July 1, 2042. The note has a prepayment option with penalty, and is secured by the related building and improvements, and the assignment of rents and leases. If payment in lieu of taxes is not extended by the City of Buffalo, the mortgage shall become due and payable in full on November 1, 2027.

869,958

7. Long-Term Debt (continued)

Subtotal (from previous page)

\$ 869,958

Housing Trust Fund Corporation

SMV was provided a note payable in the amount of \$2,400,000 to the Housing Trust Fund Corporation ("HTFC") with a maturity date of June 7, 2042. Interest accrues and is payable annually at a rate of 1%, and is due 120 days after the end of the year from excess income, as defined in the HTFC Regulatory Agreement. Unpaid principal and accrued interest are payable at the maturity date. The note is secured by the related building and improvements, the assignment of rents and leases, substantially all assets of SMVHDFC, and a perfected interest in the operating and replacement reserve accounts. The note may be prepaid with prior written consent of the HTFC.

2,400,000

City of Buffalo

SMV was provided a note payable in the amount of \$2,420,000 by the City of Buffalo Urban Renewal Agency with a maturity date of June 1, 2042. Interest accrues and is payable annually on June 1 at a rate of 0.50% from available cash flow, as defined in the promissory note. Unpaid principal and accrued interest are payable at the maturity date. The note is secured by the related building and improvements, and the assignment of rents and leases. The note may be prepaid with 30 days prior written notice. The note requires SMV to remain compliant with the HOME requirements.

2,420,000

Subtotal

\$ 5,689,958

Notes to Consolidated Financial Statements (continued)
February 28, 2018

7. Long-Term Debt (continued)

Subtotal (from previous page)	\$	5,689,958
Federal Loan Bank of New York		
CAO was provided notes payable in an aggregate amount of \$970,000 as	•	
part of the Federal Home Loan Bank of New York Affordable Housing		
Program. The notes are secured by a subordinated mortgage on the		
related building and related improvements owned by SMV. The notes shall		
be deemed satisfied upon the expiration of 15 years of operation of the low-income housing project owned by SMV (January 11, 2026), subject to		
meeting the regulations of the creditors.		970,000
modified the regulations of the creditors.		6,659,958
Less current maturities		(16,320)
	_	
	\$_	6,643,638
	-	
Stated maturities of long-term debt are as follows:		
Year ending February:	Φ.	16000
2019	\$	16,320
2020		17,318
2021		18,377
2022		19,500
2023		20,693
2024 and there after	_	6,567,750
	Φ	6 650 050
	\$_	6,659,958

Notes to Consolidated Financial Statements (continued) February 28, 2018

8. Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes as of February 28, 2018:

Time restrictions	• ,				\$_	 ;	22,096
		,	;				
•		•			\$_		22,096

Net assets amounting to \$599,679 were released from restrictions in 2018 by incurring expenses satisfying the purpose or time restrictions specified by donors.

9. Non-controlling Interest

Changes in consolidated unrestricted net assets attributable to the controlling and non-controlling interest are as follows:

		Total	Controlling Interest	Non-controlling Interest
Balance, beginning of year Decrease in unrestricted net assets	\$	8,000,782 \$ (174,373)	2,203,343 \$ 451,603	5,797,439 (625,976)
	\$_	7,826,409 \$	2,654,946 \$	5,171,463

Community Action Organization of Western New York, Inc. and Subsidiaries Notes to Consolidated Financial Statements (continued) February 28, 2018

10. Donated Goods and Services

Donated goods and services in 2018 consist of the following:

Contract delegates		\$ 2,344,408
Contract services	· · · · · · · · · · · · · · · · · · ·	722,805
Space rental		3,143,575
Screening	•	1,162,528
Consultants		237,287
Other costs		1,044,146
Supplies		73,266
		\$ 8,728,015

11. Pension Benefits

CAO sponsors a defined benefit pension plan covering substantially all of its employees. This plan was amended effective April 30, 2004 to freeze participation and benefit accruals as of that date.

Benefits are paid out of the defined benefit plan based on years of service and compensation. Compensation earned after January 1, 2004 and benefit accrual service earned after April 30, 2004 are not considered for purposes of benefit calculations.

Community Action Organization of Western New York, Inc. and Subsidiaries Notes to Consolidated Financial Statements (continued) February 28, 2018

11. Pension Benefits (continued)

Funded Status

CAO uses a February measurement date for its defined benefit plan. The benefit obligation, fair value of plan assets and funded status of the defined benefit plan as of February 28, 2018 are as follows:

Change in benefit obligation:		
Benefit obligation, beginning of year	\$	10,767,544
Interest cost		423,061
Settlement gain		(165,875)
Change due to mortality assumption		(120,689)
Actuarial loss	•	(694,232)
Benefits paid		(1,250,271)
Benefit obligation, end of year	\$	8,959,538
Change in plan assets:		
Fair value of plan assets, beginning of year	\$	7,459,705
Actual return on plan assets		702,077
Employer contributions		542,297
Benefits and expenses paid	_	. (1,250,271)
Fair value of plan assets, end of year		7,453,808
Funded status	\$.	(1,505,730)

The funded status is recognized as other non-current liabilities in the accompanying consolidated statement of financial position. The accumulated benefit obligation as of February 28, 2018 was equal to the projected benefit obligation.

During 2018, CAO amended the plan to permit lump sum payments to eligible participants. As a result of the amendment, \$1,066,117 was paid out of the plan to participants during 2018. The resultant impact to funded status amounted to a gain of \$165,875. In addition, as a result of applying settlement accounting to the amendment, \$501,859 of unrecognized actuarial losses were released to program services from unrestricted net assets.

Notes to Consolidated Financial Statements (continued) February 28, 2018

11. Pension Benefits (continued)

CAO has recognized the difference between the accrued benefit costs of its defined benefit plan and the funded status as an adjustment to unrestricted net assets in the accompanying consolidated statement of activities and other changes in unrestricted net assets.

The adjustment to be recognized in future periods as a component of net periodic pension cost includes the following:

Prior service cost	\$	139,893
Net actuarial loss		2,824,733
	· \$	2,964,626

The estimated unrecognized prior service cost and net actuarial loss that will be amortized into net periodic benefit cost over the next fiscal year is \$245,015.

The weighted average assumptions used to determine benefit obligations are as follows:

Discount rate	•		4.00%
Expected long-term rate of return on plan assets			6.50%

Net Periodic Pension Cost

Components of net periodic pension cost recognized as program services in 2018 are as follows:

Interest cost	\$ 423,061
Expected return on plan assets	(499,114)
Amortization of unrecognized prior service cost	23,316
Amortization of actuarial loss	375,600
Net periodic pension cost	\$. 322,863

The weighted average assumptions used to determine benefit costs are as follows:

Discount rate	4.00%
Expected long-term rate of return on plan assets	6.50%

In developing the discount rate and the long-term rate of return assumptions, CAO evaluated input from their plan actuary.

Notes to Consolidated Financial Statements (continued) February 28, 2018

11. Pension Benefits (continued)

Plan Assets

CAO's pension plan weighted-average asset allocation by asset category is as follows:

Cash and cash equivalents - Level 1 measurement	: 2%
Fixed income - Level 1 measurement	53%
Equities - Level 1 measurement	45%

The primary investment objective of CAO is to preserve invested assets in order to ensure that benefit payments are fully funded. CAO exercises reasonable care, skill and caution in making investment decisions.

Contributions

The Organization contributed amounts to the benefit plan for the plan year ended December 31, 2017 that satisfied the required minimum contributions established by the Internal Revenue Service.

Estimated Future Benefit Payments

The following benefit payments are expected to be paid during the fiscal years ending February:

2019		. \$	388,700
2020		\$	407,800
2021		\$	427,600
2022		\$	444,000
2023	•	\$	453,300
2024-2028		\$	2,521,800

12. 403(b) Plan

CAO sponsors a contributory 403(b) thrift plan covering substantially all employees who have met minimum eligibility requirements. CAO makes contributions to the plan in an amount up to 4% of employee compensation. CAO's contributions to the thrift plan in 2018 amounted to \$392,871.

Notes to Consolidated Financial Statements (continued) February 28, 2018

13. Concentrations

The Organization considers grantors that account for more than 10% of grants receivable or grant revenue to be major grantors. Approximately 85% of the Organization's grant revenue was derived from the U.S. Department of Health and Human Services in 2018. Grants receivable as of February 28, 2018 included receivables from five grantors that accounted for 96% of grants receivable.

Although the Organization is directly affected by the well-being of these grantors, management does not believe significant risk exists.

The Organization may be subject to credit risk related to its cash and cash equivalents, which are placed with high credit-quality financial institutions. All funds are insured up to \$250,000 by the Federal Deposit Insurance Corporation ("FDIC"). From time to time, the Organization may have amounts on deposit in excess of the FDIC limits. Cash balances in excess of this limit as of February 28, 2018 amounted to \$2,024,502.

The Organization has not experienced any losses related to its cash and cash equivalents. Accordingly, management believes the Organization is not exposed to any significant credit risk.

14. Commitments and Contingencies

CAO has entered into various non-cancelable operating leases relating to the rental of classrooms and other facilities. The leases expire at varying dates through 2025. Future minimum lease payments required under the operating leases are as follows during the fiscal years ending February:

2019	•	\$	2,061,316
2020		\$	1,609,566
2021		\$	1,295,578
2022		\$	637,964
2023		\$	286,936
2024 and thereafter		. \$	233,325

CAO also leases additional space on a month-to-month basis with various organizations. Total rent expense in 2018 amounted to \$2,676,253.

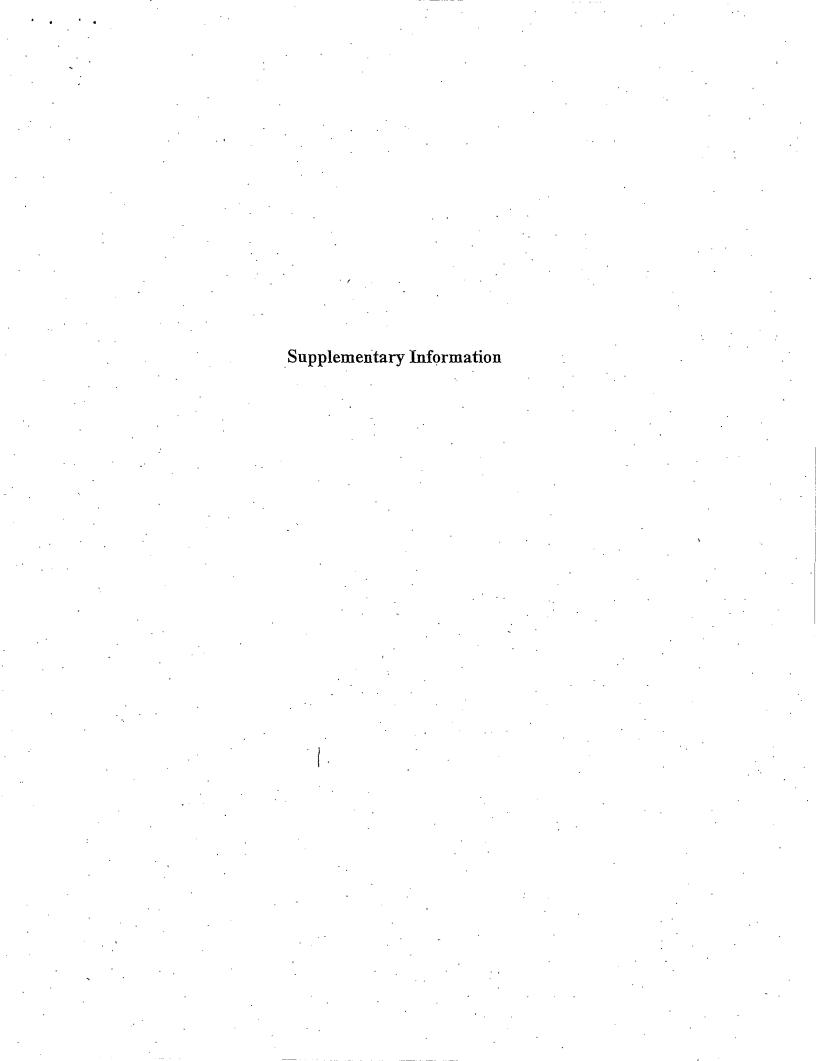
Community Action Organization of Western New York, Inc. and Subsidiaries Notes to Consolidated Financial Statements (continued) February 28, 2018

14. Commitments and Contingencies (continued)

CAO and three additional developers provided certain services to SMV during the acquisition, development and construction of the low-income rental housing project. In consideration for such services, SMV agreed to pay CAO and the three developers a fee amounting to \$2,034,359, which was recorded by SMV to property and equipment. To fund a portion of the remaining \$1,206,373 in developer fees to be paid, CAO has \$794,367 maintained in a restricted cash and investment account as of February 28, 2018. The restrictions on this account are scheduled to be released over the next seven years, subject to satisfaction of certain project requirements, including the potential requirement to fund SMV's working capital shortfalls.

The original investment in SMV is expected to result in the generation of up to \$13,200,000 in low-income housing tax credits to KCDC and SMVHDFC. These credits will be allocated to the partners pursuant to the allocations of income and loss as stated in the partnership agreement. Available credits will be granted in full provided the occupancy percentages are in compliance with low-income housing requirements. Should KCDC ultimately fail to realize a portion of these credits, CAO and SMVHDFC may be required to contribute additional capital to the project.

During June 2013, CAO acquired a parcel of real property for the purpose of developing, constructing and operating a low-income housing project in Buffalo, New York. During June 2018, CAO paid \$225,000 to secure the property and release a contingent promissory note payable to the seller of the property. As of the date of issuance of these financial statements, construction activity relating to the project has not commenced.



Community Action Organization of Western New York, Inc. and Subsidiaries Consolidated Schedule of Functional Expenses for the year ended February 28, 2018

•		Pr	ogram Services				
	Preschool and Child Care	Community Services	Drug Abuse Research / Treatment	Housing	Total Program Services	Management and General	Total
	12 (60 051		1 000 COD #	154.072 0	. , , , , , , , , , , , , , , , , , , ,	1051055 0	
Salaries and wages		\$ 1,815,886 \$	1,032,600 \$	154,973 \$	15,472,410		16,724,265
Payroll taxes and employee benefits	4,624,008	741,122	409,789	59,363	5,834,282	507,444	6,341,726
Total salaries and related expenses	17,092,959	2,557,008	1,442,389	214,336	21,306,692	1,759,299	23,065,991
Accounting / audit			5,000	2,500	7,500	67,690	75,190
Advertising	46,239	74,750	2,932	20,627	144,548	9,304	153,852
Bank fees	: -	18,649	· -	.77	18,726	-	18,726
Board expense	•	10,269		•	10,269	1,650	11,919
Building maintenance repairs	788,259	195,378	8,958	295,861	1,288,456	2,159	1,290,615
Bus transportation	46,658	19,880	-	-	66,538	-	66,538
Child care	2,531		-	-	2,531	-	2,531
Client assistance	-	17,341	•	100	17,441	-	17,441
Consultants	-801,235	54,622	30,078	4,000	889,935	293,996	1,183,931
Contract and delegate agency	5,840,795	-		-	5,840,795		5,840,795
Contract labor	·	45,953	323,550	-	369,503	150,642	·520 , 145
Donated goods and services	7,608,961	1,119,054	-	.	8,728,015	<u>.</u>	8,728,015
Dues and subscriptions	8,252	18,459	3,229	1,405	31,345	5,329	36,674
Education task scholarships		7,250		-··	7,250	-	7,250
Equipment rental and expenses	70,608	18,845	6,959	35,037	131,449	8,466	139,915
Field trips	41,062	25,250	-	-	66,312	-	66,312
First aid / medical claim / medical supplies	10,781	263	-		11,044	1,491	12,535
Food supply expense	1,351,777	. 62,260	-	, -	1,414,037	-	1,414,037
Insurance - student	-			-		. 12,550	12,550
Insurance - liability	196,209	67,751	12,505	3,512	279,977	47,707	327,684
Janitor / laundry / cleaning	113,977	12,546	6,189	135	132,847	4,665	137,512
Lab - medical	050 517		270,113	. 45.450	270,113		270,113
Legal fees	259,517	4,663	121,555	47,162	432,897	164,527	597,424
Maintenance / service contracts	309,346	55,445	193,493	216,175	774,459	32,427	806,886
Methadone - medical	0.221	-	60,800	-	60,800	-	60,800
Parent activities	9,331	-			9,331	24.425	9,331
Payroll service Physical exams	36,642	6,794	412	165	44,013	34,425 191	34,425
Postage / shipping	5,526	3,372	1,258	131	10,287	14,406	44,204 24,693
Printing	9,505	3,338	2,421	94	15,358	3,498	18,856
Property taxes	2,786	ەدد,د	2,421	24	2,786	2,420	2,786
Space rental	2,267,916	133,250	157,442	7,000	2,565,608	110,645	2,676,253
Special events	13,275	40,428	523	7,000	54,226	12,445	66,671
Supplies - program	923,606	114,752	46,007	13,467	1,097,832	28,403	1,126,235
Training / workshops / books	145,190	65,374	1,274	140	211,978	3,135	215,113
Travel - local	75,403	3,102	1,2/4	283	78,788	490	79,278
Travel - out of area	9,118	20,306	776		30,200	7,658	37,858
Tuition / college courses	146,101	20,500	638	_	146,739	(4,522)	142,217
Utilities - gas and electric	278,261	11,356	-	53	289,670	3,016	292,686
Utilities - telephone and internet	207,222	41,124	16,713	8,092	273,151	32,349	305,500
Utilities - water and sewer	23,657	1,906	10,715	765	26,328		26,328
Vehicle - maintenance / registrations	4,880	10,350		2,529	17,759	7,217	24,976
Vehicle - gas / oil	1,987	3,936		1,404	7,327	2,728	10,055
Tomoro guar on				1,101		2,720	10,033
Subtotal	38,749,572	4,845,024	2,715,214	875,050	47,184,860	2,817,984	50,002,844
Depreciation and amortization	84,231			588,996	673,227	,	673,227
Interest .	انعران	<u>-</u>	- -	93,213	93,213-		93,213
SMV operating expenses	-	-	:	425,407	425,407	·	425,407
Allocation of management and general	1,952,770	591,659	235,323	38,232	2,817,984	(2,817,984)	, , , , ,
Total	\$ 40,786,573	\$5,436,683	\$ 2,950,537	2,020,898	\$ 51,194,691	\$	51,194,691

Community Action Organization of Western New York, Inc. Schedule of Expenditures of Federal Awards for the year ended February 28, 2018

	Federal	Pass-Through Entity		
Federal Grantor / Pass-through Grantor / Program or Cluster Title	CFDA Number	Identifying Number	Federal Expenditures	Passed Through to Sub-recipients
Head Start and Early Head Start - Cluster	. ,		• .	
U.S. Department of Health and Human Services:	•			
Direct Programs:		•		
0.4.4.24	•		•	
Cash Assistance Head Start and Early Head Start Program - Erie County	93,600		\$ 23,159,054	\$ 4,244,082
Head Start and Early Head Start Program - Niagara County 2018	93,600	•	661,430	- 1,271,002
Head Start and Early Head Start Program - Niagara County 2017	93.600		3,161,666	-
Early Head Start Program - Child Care Partnership PY 17-18	93.600		1,298,134	
Early Head Start Program - Child Care Partnership PY 16-17	93.600		1,508,701	982,804
Cash Assistance subtotal	•		29,788,985	5,840,795
No. Call Assistance (described and assistance)			•	
Non-Cash Assistance (donated goods and services) Head Start and Early Head Start Program	93,600		7,608,961	-
	22.000			
Total Head Start and Early Head Start Cluster			\$ 37,397,946	\$ 5,840,795
Community Services Block Grant - Cluster			•	
U.S. Department of Health and Human Services:				
U.S. Department of Health and Human Services: Pass-Through Programs From:	· ,			
New York State Department of State:	•		•	
		. •		
Cash Assistance	93,569	5513	\$ 781,632	· •
Community Services Block Grant Program PY 17-18 Community Services Block Grant Program PY 16-17	93.569	. 5513	1,354,947	
		•	2.206.606	
Cash Assistance subtotal	•	*	. 2,136,579	•
Non-Cash Assistance (donated goods and services)			÷	•
Community Services Block Grant Program	93.569	5513	1,119,05	4
Total Community Services Block Grant Cluster			\$ 3,255,63	3 \$ -
Community Development Block Grant - Cluster				
Community Development Diocs (finit - Custo				
U.S. Department of Housing and Urban Development:	;	•		
Pass-Through Programs From:				
Buffalo Urban Renewal Agency:				
Community Development Block Grant PY 17-18	14.218	None	s 17,60	6 \$ -
Community Development Block Grant PY 16-17	14.218	None	25,15	
Total Community Development Block Grant Cluster	•		\$ 42,75	i6 s -
Other Programs	_			
U.S. Department of Agriculture:				·
Pass-Through Programs From:	•			
New York State Department of Health:		•	•	
Child and Adult Care Food Program PY 17-18 Child and Adult Care Food Program PY 16-17	10.558 10.558	1174 1174	\$ 569,53 1,094,63	
				
Subtotal Child and Adult Care Food Cluster	•		\$ 1,664,1	66 \$ -
U.S. Department of Education:				
Pass-Through Programs From:	•		•	
New York State Department of Education:			•	
21st Century Community Learning Centers PY 17-18	84.287	None	\$ 461,2	27 \$ -
21st Century Community Learning Centers PY 16-17	84.287	None	197,3	
			•	
Subtotal 21st Century Community Learning Centers Cluster .	•		\$ 658,6	<u> </u>
Total Other Programs	·		. S <u>2,322,7</u>	70 S <u> </u>
Total Expenditures of Federal Awards	•		\$ 43,019,1	.05 \$ 5,840,795

Community Action Organization of Western New York, Inc. and Subsidiaries Notes to Schedule of Expenditures of Federal Awards February 28, 2018

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal award activity of Community Action Organization of Western New York, Inc. (a nonprofit organization) ("CAO") under programs of the federal government for the year ended February 28, 2018 in accordance with the requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of CAO, it is not intended to and does not present the financial position, changes in net assets, or cash flows of CAO.

2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The identifying number assigned by the pass-through entity is presented where available. CAO has elected not to use the ten percent de minimis indirect cost rate as allowed under Uniform Guidance.

3. Sub-Recipients

Of the federal expenditures presented in the Schedule, CAO provided federal awards to sub-recipients as follows:

Subrecipient	Program Title	CFDA Number	Amount
Holy Cross Head Start, Inc.	Head Start and Early Head Start	93.600	\$ 4,244,082
Other	Early Head Start Child Care Partnership	93.600	1,596,713
			\$5,840,795_

Schedule of Findings and Questioned Costs for the year ended February 28, 2018

Section I - Summary of Auditor's Results

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HTM	สทราสโ	Statements	c
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Type of report the auditor issued on whether the financial statements Unmodified were prepared in accordance with GAAP: Internal control over financial reporting: No Material weaknesses identified? Significant deficiencies identified? No No Noncompliance material to financial statements noted? Federal Awards Internal control over major federal programs: No Material weaknesses identified? Significant deficiencies identified? No Type of auditor's report issued on compliance for major federal programs: Unmodified Any audit findings disclosed that are required to be reported in accordance with Title 2 U.S. Code of Federal Regulations section 200.516(a)? No Identification of major federal programs: Name of Federal Program or Cluster CFDA Number Head Start and Early Head Start Program 93.600 Dollar threshold used to distinguish between \$1,290,573 Type A and Type B Programs Auditee qualified as low-risk auditee? No

Section II – Financial Statement Findings

No matters were reported.

Community Action Organization of Western New York, Inc. and Subsidiaries Schedule of Findings and Questioned Costs (continued) for the year ended February 28, 2018

Section III - Federal Award Findings and Questioned Costs

No matters were reported.

Community Action Organization of Western New York, Inc. and Subsidiaries Summary Schedule of Prior Audit Findings for the year ended February 28, 2018

U.S. Department of Health and Human Services

Finding 2017-001: Head Start and Early Head Start Program

Condition — This finding was a significant deficiency stating that the Organization liquidated an obligation incurred under the Federal award later than 90 calendar days after the end date of the period of performance as specified in the terms and conditions of the Federal award.

Recommendations – The auditor recommended that procedures be implemented to monitor the processing of cash disbursements to ensure that the Organization complies with the timeframe required by the Uniform Guidance. Management concurred with the recommendation and indicated that the procedures already exist for ensuring that payables are properly liquidated within the appropriate ninety-day timeframe. This finding was an oversight due to delays in the completion of the workers' compensation audit.

Current Status – The recommendation was adopted in November 2017. No similar findings were noted in the 2018 audit.